DOCUMENT RESUME

ED 402 019 PS 024 704

AUTHOR	Shulman, Shanna
TITLE	KidsCount in Colorado! 1995.
INSTITUTION	Colorado Children's Campaign, Denver.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.
PUB DATE	95
NOTE	49p.; Support also received from FHP Health Care and Piton Foundation.
PUB TYPE	Reports - Descriptive (141) -- Statistical Data (110)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Child Abuse; *Child Health; Child Neglect; Child Support; Day Care; Early Intervention; Infant Mortality; One Parent Family; Primary Education; Program Descriptions; School Age Day Care; *Well Being; *Young Children
IDENTIFIERS	*Colorado; *Indicators; Paternity Establishment

ABSTRACT

This 1995 KidsCount in Colorado report examines challenges and offers examples of how prevention and early intervention strategies can make a difference in the lives of Colorado children. The report looks at the state of child well-being in Colorado in terms of health, early care and education, and primary education. Statistics and descriptions are given for the following topics: (1) family resource centers; (2) prevention; (3) single parenthood; (4) paternity establishment; (5) child support enforcement; (6) prenatal care; (7) low birth weight; (8) regular preventive care; (9) infant mortality; (10) injury prevention; (11) health insurance; (12) abuse and neglect; (13) who is raising our children; (14) child care capacity and quality; (15) preschool; (16) school age care; (17) child care assistance; (18) child care and the workplace; (19) school enrollment increases; (20) school readiness; (21) school success; (22) skill levels; and (23) county composites. Throughout this report, child health and well-being anecdotes, short case studies, graphs and figures are presented. Includes 96 references. (WJC)

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ED 402 019

KidsCount In Colorado!

1995

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The Annie E. Casey Foundation has funded the Colorado Children's Campaign as part of its national and statewide KIDSCOUNT program. The goals for KIDSCOUNT in COLORADO! are:

- *to provide a comprehensive picture of Colorado's children in four important areas: health, safety, education, and economic security*
- *to focus on trends for their well-being*
- *to aid policymakers in creating strategies to reach the goals of the Decade of the Child*
- *to give you the information you need to make a difference in the life of a child*

Special Thanks are due to **The Piton Foundation** for its valuable collaboration on KIDSCOUNT in COLORADO!

The Colorado Children's Campaign would like to recognize the following generous contributors to KIDSCOUNT in COLORADO!

Colorado Department of Corrections
Colorado Department of Education
Colorado Department of Education, Prevention Initiatives
Colorado Department of Health Care Policy and Financing
Colorado Department of Human Services
(formally Colorado Department of Social Services and Colorado Department of Institutions)
Colorado Department of Public Health and Environment
Colorado Department of Public Safety
Colorado Department of Transportation
Colorado Office of Resource and Referral Agencies
Governor's Job Training Office
Governor's Office of Data Management

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Our sincere thanks to FHP Health Care for their sponsorship of the 1995 KidsCount in Colorado! report.

KidsCount In Colorado!
1995

Colorado Children's Campaign
Shanna Shulman
KidsCount Project Coordinator

KIDSCOUNT in COLORADO! is part of the National KIDS COUNT Project and is funded by the Annie E. Casey Foundation

Why focus on our youngest children? The human being experiences a prolonged period of immaturity and vulnerability — the longest of any species. During the first three years of life, much has to be acquired, much mastered, much tried and found wanting, much discovered and put to use. Ideally, this learning time is spent in close relationship with adults who offer nurturing love, protection, guidance, stimulation, and support.... Rearing by a few caring, responsive, dependable adults leads to strong attachments and provides a secure base from which the infant can explore the larger social and physical world. Such secure attachments are essential for human development.

Historically, several requirements have been valuable for healthy child development:

- *An intact, cohesive, nuclear family dependable under stress;*
- *A relationship with at least one parent who is consistently nurturing, loving, enjoying, teaching, and coping;*
- *Easy access to supportive extended family members;*
- *A supportive community, whether it be a neighborhood, religious, ethnic, or political group;*
- *Parents exposed to childrearing during the years of their own growth and development through explicit and implicit education for parenthood;*
- *A perception of opportunity during childhood with a tangible basis for hope of an attractive future;*
- *Predictability about the adult environment that enables a child to take advantage of opportunities in the environment.*

FROM STARTING POINTS,
The Report of the Carnegie Task Force on Meeting the Needs of Young Children, April 1994, p.vii

Among the most accomplished and fabled tribes of Africa, none was considered to have warriors more fearsome or more intelligent than the mighty Masai. It is perhaps surprising, then, to learn the traditional greeting that passed between Masai warriors. "Kasserian ingera," one would always say to another. It means, "And how are the children?" Even warriors with no children of their own would always give the traditional answer, "All the children are well." "All the children are well" means that life is good. It means that the daily struggles of existence, even among a poor people, do not preclude proper caring for their young.

What if we heard that question and passed it along to each other a dozen times a day, would it begin to make a difference in the reality of how children are thought of or cared for in Colorado? What if every adult among us, parent and non-parent alike, felt an equal weight for the daily care and protection of all the children in our town, in our state.... Could we truly say, without any hesitation, "The children are well, yes, all the children are well."

EXCERPTED FROM A SPEECH BY THE REV. DR. PATRICK O'NEILL.
ADAPTED BY ANNA IO HAYNES,
Executive Director of Mile High Child Care

All Coloradans want the best for our children. But of the 548,000 children under age 10 in Colorado, a staggering number face one or more challenges that can undermine healthy development.

- *Eight percent are born too small.*
- *Twelve percent are born to a teen mother.*
- *Fifteen percent do not have any health insurance.*
- *Seventeen percent live in poverty.*[1]
- *Seventeen percent are born to a mother who has not graduated from high school.*
- *Twenty-five percent are born to a single mother.*
- *Twenty-five percent are not fully immunized by their second birthday.*
- *Twenty-eight percent are in poor or mediocre child care arrangements.*[2]
- *Thirty-five percent start kindergarten without the skills necessary to succeed in school.*

These factors are often compounded by isolated parents, overburdened schools, uncoordinated service delivery, and fragmented neighborhoods. The 1995 *KidsCount in Colorado!* report examines these challenges and offers examples of how prevention and early intervention strategies can make a real difference in the lives of Colorado children. It is our hope that someday soon we will be able to say, from Montezuma to Sedgwick and from Moffat to Baca counties, "All the children are well."

"Demographics do not dictate destiny. Attitudes, leadership, and values do."

MARION WRIGHT EDELMAN.
Children's Defense Fund

FAMILY RESOURCE CENTERS:
A Community Solution

As part of Governor Romer's State Strategic Plan for Families and Children, the state of Colorado has opened 16 Family Resource Centers since 1991 in high-risk neighborhoods across the state. The goal of family centers is to help families function in healthy, productive ways by:

- increasing community efforts to assist all families and children;
- providing family support services in a community-based setting;
- integrating current services and focusing on prevention.

Each center is created to address the needs of the surrounding community. Typical services include:

- parenting education and support;
- family advocacy;
- child care information and referral;
- community outreach;
- emergency food and clothing;
- crisis counseling;
- community education;
- family literacy;
- home visitation;
- immunization;
- well-baby care;
- tutoring programs;
- teen recreation programs.

FAMILY CENTER INITIATIVE.
Colorado Department of Human Services

By 1990, families with children under three years of age constituted the single largest group living in poverty in the United States: 25% of these families fall below the poverty line...even though overall American poverty rates are no higher today than they were 20 years ago.[3]

■ ■ ■

THE DECADE OF THE CHILD: GOALS FOR THE YEAR 2000

The Colorado Children's Campaign declared the 1990s the Decade of the Child and organized a 10-year initiative to make Colorado the most "child-friendly" state in the country.

In 1991, the Colorado General Assembly resolved to support the Decade of the Child Goals and to use them as guidelines for state policies on children.

At the halfway point in 1995, we have highlighted Colorado's progress toward the goals throughout the book with this symbol:

Table 1
Progress Toward Adolescent Decade of the Child Goals, Colorado: 1993

INDICATOR	CURRENT STATUS (1991)	DECADE OF THE CHILD GOAL
High School Graduation	78.8%	90% graduation rate, with all racial groups accounting for the increase
Teen Birth Rate	50.7 out of 1,000	No more than 25 births per 1,000 girls, ages 15-19
Teen Suicide Rate	9.8 out of 100,000	No more than 3.5 suicides per 100,000 adolescents, ages 10-19

Source: Colorado Department of Public Health and Environment, Colorado Department of Education, Colorado Department of Public Health and Environment

Table 2
Pay Now or Pay Later

PAY NOW	OR	PAY LATER
$250	or	**$16,954**
WIC Special Supplemental Food Program		*Average Medicaid cost for premature or low-birthweight newborn*
$600	or	**$2,500**
Prenatal care for nine months		*One day of intensive neonatal care for an extremely premature baby*
$5,000	or	**$30,000**
Drug treatment for an addicted pregnant woman		*Medical care for 20 days for a drug-exposed baby*
$8	or	**$5,000**
Measles shot		*Hospital care for a child with measles*
$842	or	**$3,986**
Nutritious diet for one year		*One year of special education for a child with a mild learning disability*
$135	or	**$50,000**
School sex education program for one year		*20 years of public assistance to a child born to a teen parent*
$5,000	or	**$36,000**
Family preservation in-home services for six weeks to keep children safe		*Per year in an orphanage*
$5,000	or	**$35,000**
Quality child care for one year		*School failure, special education, juvenile court costs, teen pregnancy, welfare dependency*
$5,000	or	**$30,000**
Treatment for an emotionally disturbed child		*One year's treatment for a severely aggressive child*

Source: Time Magazine, October 8, 1990

PREVENTION:
A Vital Investment

This year's report focuses on prevention and early intervention strategies aimed at children ages birth through nine. By focusing on young children now, we believe that we can have an impact on the problems that affect many teenagers today. Would it have made a difference in the life of a high school dropout if he or she had been prepared to enter kindergarten? Would a 15-year-old girl have become pregnant if she had had clear goals and a focus on her future? Colorado is still far from the Decade of the Child goals for adolescents *(Table 1)*, suggesting that these are not "quick fix" problems. Early interventions such as prenatal care, preventive health care, family support, and school readiness pay off in the long run *(Table 2)*. The investments we make early on in children's lives are vital to our mission of improving the lives of all Colorado children.

"When a person plants a tree under which he knows he will never sit, you know civilization has come to that land."

ANCIENT GREEK PROVERB

REAL STORIES

My mom is asleep on the couch. She works all night and she's tired, we don't have a dad. Sometimes she's mad when we wake her up. I try to keep my baby brother quiet and give him bottles. My name is Nicole and I'm three years old.

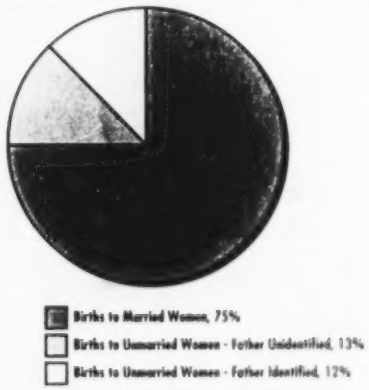
SINGLE PARENTHOOD:
A Growing Concern

Nearly 54,000 babies were born in Colorado in 1994, 75% of them to married women. Of the 25% (13,400) born to single parents, more than half of their fathers were unidentified *(Figure 1)*. Births to single parents have increased dramatically since 1940 when they accounted for only 2% of all births *(Figure 2)*. At the same time, birth rates have been declining for women of all ages, including adolescents. Our "teen birth crisis" does not reflect more teens having children, but a greater percentage of teens (as well as older women) having children outside of wedlock *(Figure 3)*, a circumstance in which it is difficult to meet the needs of a child.

"No change in American families should concern this nation more than the skyrocketing number of single-parent families."

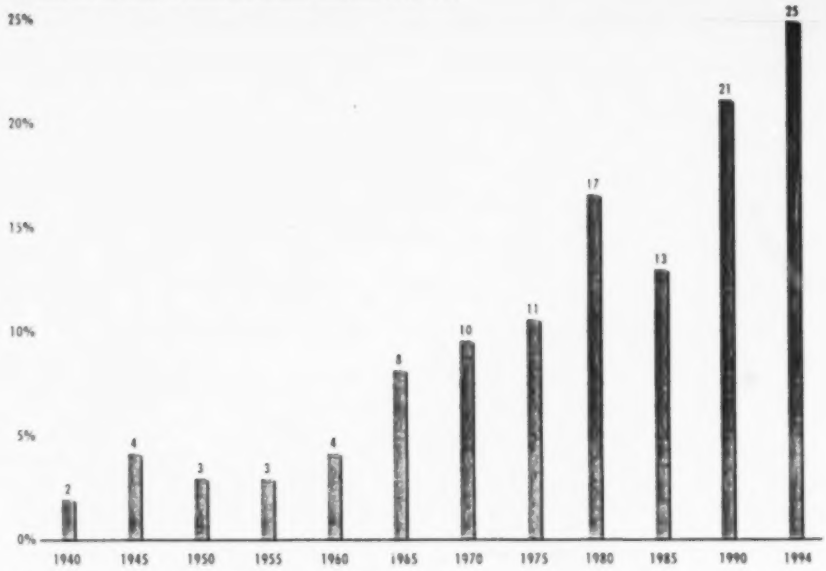
STARTING POINTS'

Figure 1
Total Births by Marital Status of Mother, Colorado: 1994



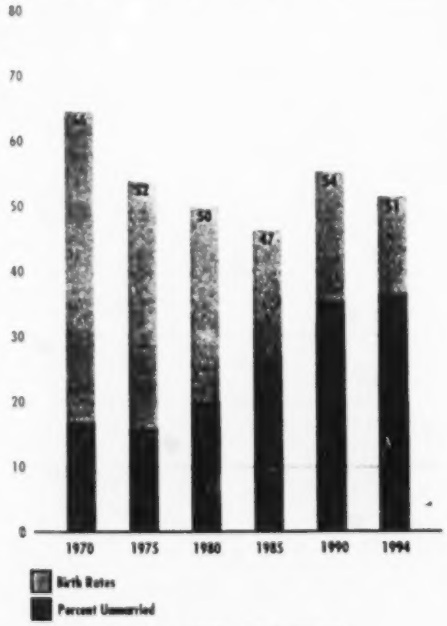
Source: Colorado Department of Public Health & Environment, Health Statistics Section

Figure 2
Dramatic Rise in Births to Unmarried Women, Colorado: 1940-1994



Source: Colorado Department of Public Health & Environment, Health Statistics Section

Figure 3
Declining Birth Rates of Girls, Ages 15-19, Colorado: 1970-1993



Source: Colorado Department of Public Health & Environment, Health Statistics Section. Rate: Live births per 1,000 girls, ages 15-19

Forty-five percent of Colorado children with an absent father live in poverty, six times the rate for children who live with two parents.[1]

■ ■ ■

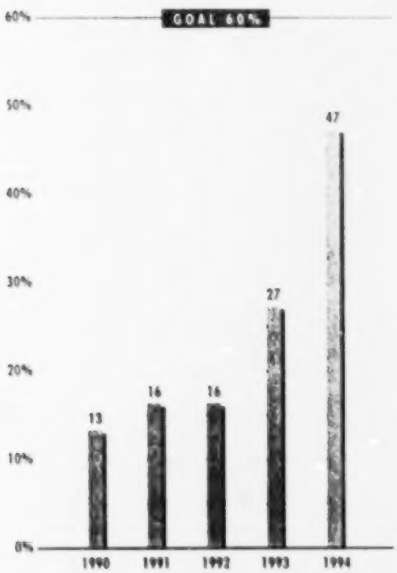
Colorado has one of the worst child support enforcement rates in the nation (42nd in 1993), with a collection rate of only 12%.[4]

PATERNITY ESTABLISHMENT:
Strong Improvement

On average, only 50% of American divorced fathers contribute financially to their children's support, and even fewer see their children on a regular basis.[3] These economic and social factors can have a lasting effect. Compared to children living with two parents, children in single-parent families are more likely to drop out of school, to experience a lower socioeconomic status as adults, and to become heads of single-parent families themselves.[5] Paternity establishment is a vital first step in alleviating the economic burden of single parenthood and in bringing absent parents back into their children's lives.

Colorado has made strong progress toward the Decade of the Child Goal through the state's hospital-based paternity program *(Figure 4)*.

Figure 4
Increasing Paternity Establishment of Out-of-Wedlock Births, Colorado: 1990-1994



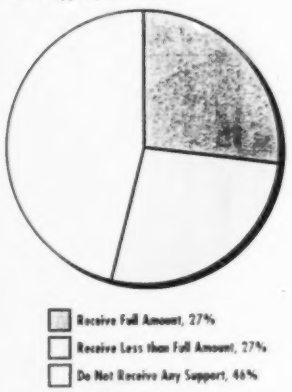
The Decade of the Child Goal is that paternity will be established in 60% of all out-of-wedlock births by the year 2000.
Source: Colorado Department of Public Health & Environment

CHILD SUPPORT ENFORCEMENT:
A Long Way to Go

Once paternity has been established, child support can be enforced. Nevertheless, it is still often difficult to collect the awarded amount. Nationally, of those families in which paternity has been established, only 54% receive court-ordered child support awards and only 27% receive the full amount *(Figure 5)*.

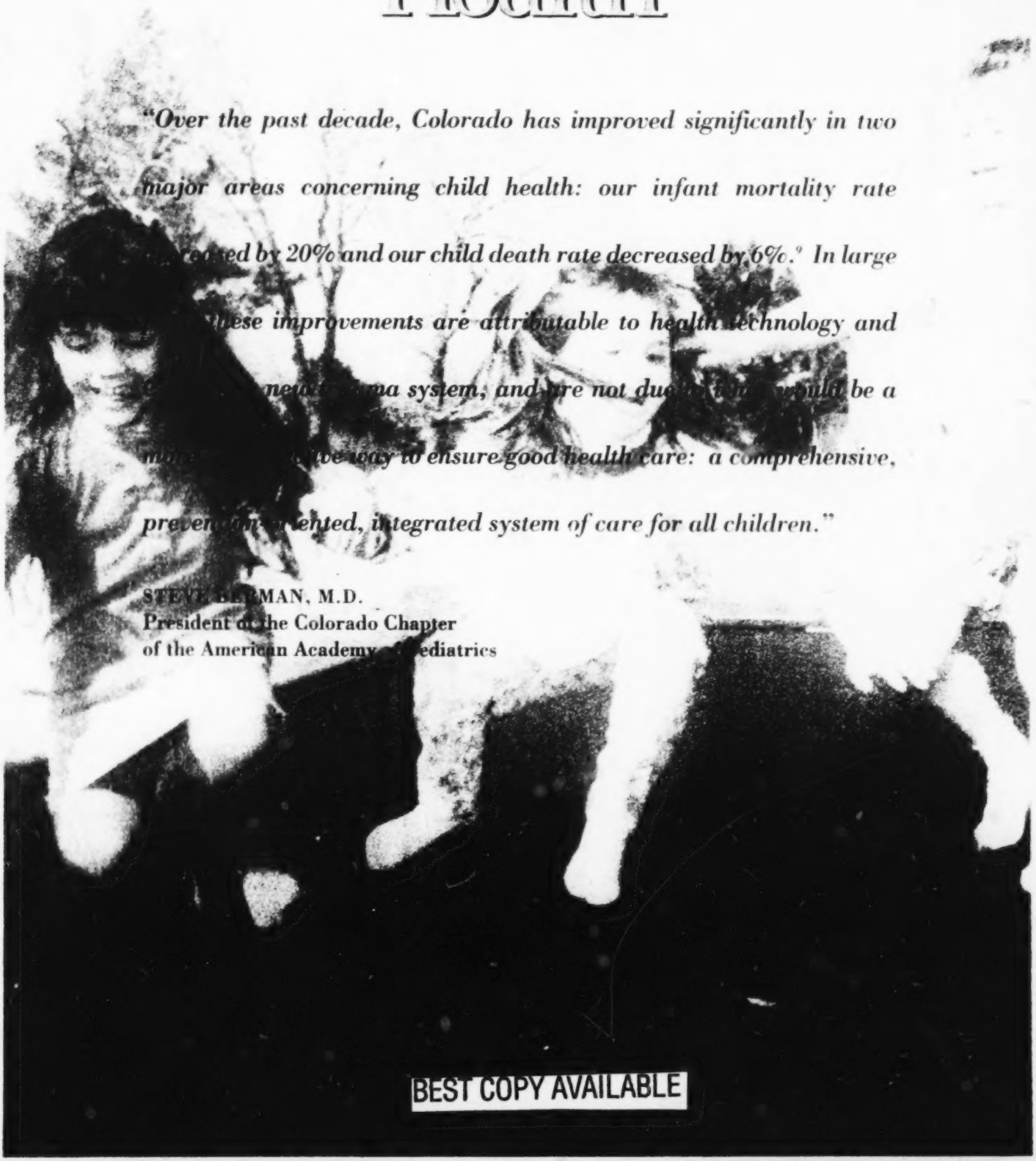
The Colorado Child Support Task Force was created in 1987 to improve state collections of child support through driver's license revocation, AFDC client payments, and other court-ordered collections. Through its work, child support collections in Colorado increased 230%, from $31.8 million in 1987 to $105 million in 1994. In 1994, the state collected $5.96 for every $1 spent on the program. Despite the fact that paternity establishment and collection rates have improved, Colorado collects only 12% of court-ordered child support.

Figure 5
Percent of Single-Parent Families Receiving Child Support, U.S.: 1992



Source: U.S. Bureau of the Census, 1992

Health



"Over the past decade, Colorado has improved significantly in two major areas concerning child health: our infant mortality rate [illegible]ed by 20% and our child death rate decreased by 6%.' In large [illegible]these improvements are attributable to health technology and [illegible]new [illegible]ma system, and are not due [illegible]would be a [illegible]ive way to ensure good health care: a comprehensive, preven[illegible]ented, integrated system of care for all children."

STEVE [illegible]RMAN, M.D.
President of the Colorado Chapter
of the American Academy [illegible]ediatrics

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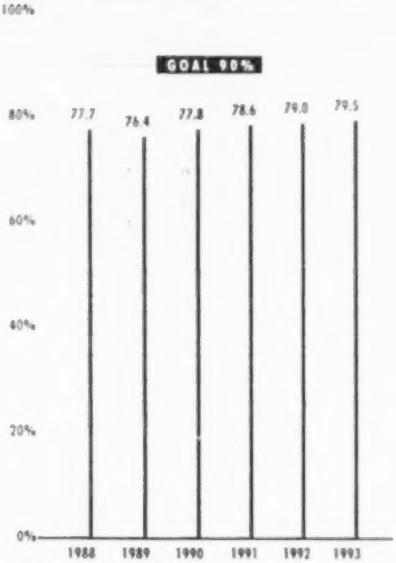
DID YOU KNOW?

"The greatest sensitivity to environmental factors [such as alcohol, drugs, or smoking] occurs between 17 and 56 days after conception... children exposed to drugs in utero are prone to learning difficulties, attention deficits, and hyperactivity as well as to behavioral and psychosocial problems."[11]

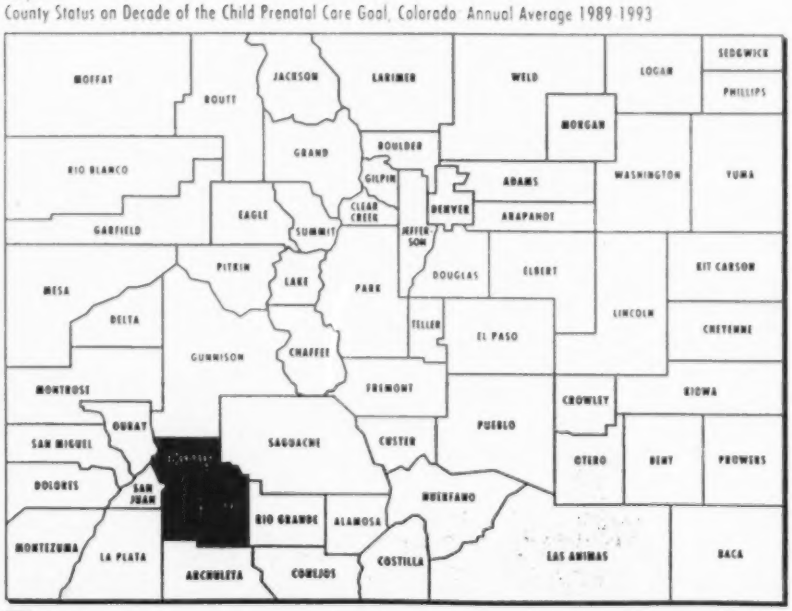
Up to 45% of low birth weight children experience learning difficulties and are 50-65% more likely to be enrolled in some type of special education program.[12]

Figure 1
Percent of Pregnant Women Receiving Prenatal Care in the First Trimester, Colorado: 1988-1993



The Decade of the Child Goal is that 90% of women will begin prenatal care in the first trimester by the year 2000
Source: Colorado Department of Public Health & Environment

Map 1
County Status on Decade of the Child Prenatal Care Goal, Colorado: Annual Average 1989-1993



- Below 5-Year State Average of 78.3% of Women Receiving Care in the First Trimester
- At or Above 5-Year State Average of 78.3% of Women Receiving Care in the First Trimester
- At or Above the Decade of the Child Goal of 90% of Women Receiving Care in the First Trimester
- Data Not Available

Source: Colorado Department of Public Health & Environment

PRENATAL CARE:
An Important First Step

All children need regular, basic health care beginning with prenatal care. Prenatal care is an important ingredient in a system of comprehensive, lifelong care, the first step on a pathway of preventive health maintenance. Although prenatal care is primarily associated with the prevention of birth-related problems, its benefits last far beyond delivery. Prenatal care also serves to:

- introduce adult women to preventive health care and the health care system. For many, prenatal visits are their first visits to a physician since childhood;
- screen for manageable conditions and/or treatable diseases not necessarily associated with pregnancy, which could affect both the baby's and the mother's lives;
- link women needing support to community services;
- establish a practice of preventive health maintenance for both mother and child. Women who receive prenatal care are more likely to get preventive care such as immunizations and well-baby care for their infants.[10]

The earlier prenatal care is received, the better it is for both the mother and the child. Women who receive a full course of prenatal care stand a much better chance of delivering healthy, full-term, normal weight babies. Currently, almost 80% of Colorado mothers receive prenatal care during the first trimester, **10% short of** our Decade of the Child Goal ***(Figure 1)***. Only Douglas and Gunnison counties have met the Decade of the Child goal over the past five years, from 1989-1993 *(Map 1)*.

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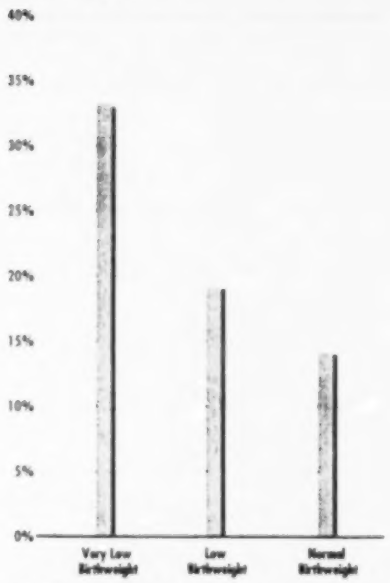
LOW BIRTH WEIGHT:
A Particular Problem in Colorado

Recent research has documented that the effects of low weight at birth can greatly impact a child's physical, developmental, and cognitive growth *(Figure 2)*.[13]

Colorado has one of the most elevated low birth weight rates in the country. A total of 8.4% of babies (4,500) born in Colorado are classified as low birth weight (weighing 5.5 pounds or less), compared to the national average of 7.1%.[14] There has been no progress toward the Decade of the Child Goal of less than 5% low weight births *(Figure 3)*. Only Kit Carson county has met the goal over the past five years, from 1989-1993 *(Map 2)*.

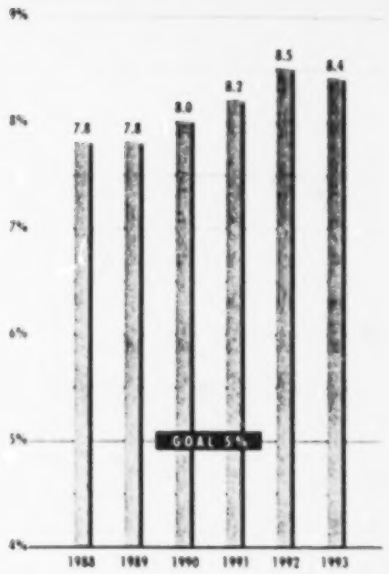
Some researchers have cited Colorado's high altitude as a cause of lower weight births overall. In general, Colorado babies are smaller than those of low altitude states but do not suffer many of the consequences associated with severely low weight births. However, Colorado has many more low birth weight babies than the surrounding high altitude states of Utah, Wyoming, and New Mexico, suggesting that there are other risk factors involved. The interaction of high altitude with other low birth weight risk factors, such as maternal drug use, may account for our alarmingly high rate. This combination can significantly reduce the quality of life for the low birth weight child.

Figure 2
Percent of Low Weight Birth Children Experiencing School Failure, Ages 4-17



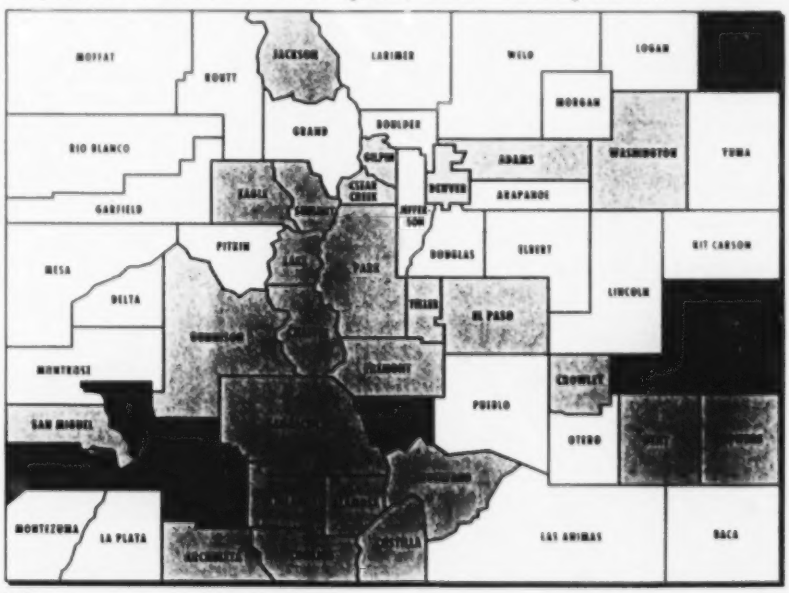
Source: State Education Leader, Spring 1991, Education Commission of the States. Note: "School Failure" is percent of children in sample who repeated a grade or received special education. "Very Low Birth Weight" is births less than 3.25 pounds.

Figure 3
Percent of Low Weight Births, Colorado: 1988-1993



The Decade of the Child Goal is that less than 5% of all births are under 5.5 pounds by the year 2000
Source: Colorado Department of Public Health & Environment

Map 2
County Status on Decade of the Child Low Birth Weight Goal, Colorado: Annual Average 1989-1993



Above 5-Year State Average of 8.2% of Low Weight Births
At or Below 5-Year State Average of 8.2% of Low Weight Births
At or Below the Decade of the Child Goal of Less Than 5% of Low Weight Births
Data Not Available

Source: Colorado Department of Public Health & Environment

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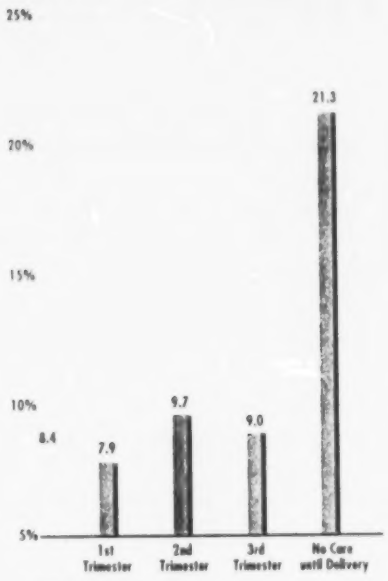
Low-income children are:

- *2 times more likely to die from birth defects;*
- *3 times more likely to die from all causes combined;*
- *4 times more likely to die from fires;*
- *5 times more likely to die from infectious diseases and parasites;*
- *6 times more likely to die from other diseases.*[17]

* * *

The cost of a measles vaccination is $8 compared to an average cost of $5,000 for hospitalization of a child infected with the measles virus in Colorado.[18]

Figure 4
Low Birth Weight by Entry into Prenatal Care, Colorado: 1993



Source: Colorado Department of Public Health & Environment, Health Statistics Section. Note: "Percent Low Birth Weight" is percent live births under 2500 grams (5.5 pounds) for all Colorado live births, 1993.

Figure 4 depicts the importance of any degree of prenatal care in relation to a baby's birth weight. Mothers who did not receive any care at all are two to three times more likely to have a low birth weight infant. Maternal smoking has also been shown to have a measurable effect on birth weight. A 1995 national study calculated that up to 20% of all low birth weight births could be prevented if pregnant women never smoked cigarettes.[15] Approximately one-quarter of all Colorado low birth weight babies born in 1993 were born to mothers who smoke.[16]

REGULAR PREVENTIVE CARE:
Essential to Good Health

Well-baby care and regular visits to a health care provider throughout childhood are a vital part of health maintenance for every child. These checkups allow professionals to monitor development, catch problems early on, and help prevent infant mortality. Too many children receive health care on a crisis-basis only. This, too, appears to be dictated by a child's income status *(Figure 5)*. A recent Colorado study of pediatric hospital

"We still need to provide every child with a regular source of primary care, a "medical home," as well as access to a full range of emergency and specialty services delivered by providers trained and experienced in caring for children. This will make a real difference in the lives of kids."

STEVE BERMAN, M.D.
President of the Colorado Chapter of the American Academy of Pediatrics

admissions found that children covered by Medicaid were twice as likely to be admitted to the hospital, more likely to be placed in an intensive care unit, and had longer hospital stays than children with private insurance who are more likely to receive preventive care.[19]

Immunization

One benefit of a comprehensive health system for children is that every child would be fully vaccinated by his or her second birthday. Currently 75% of two-year-old children statewide complete their immunizations on time.[20]

The Colorado Immunization Action Plan, in conjunction with the Colorado Children's Immunization Coalition, began in 1992 to improve Colorado's immunization rate by expanding services across the state, coordinating with child care centers, and launching aggressive public awareness campaigns.

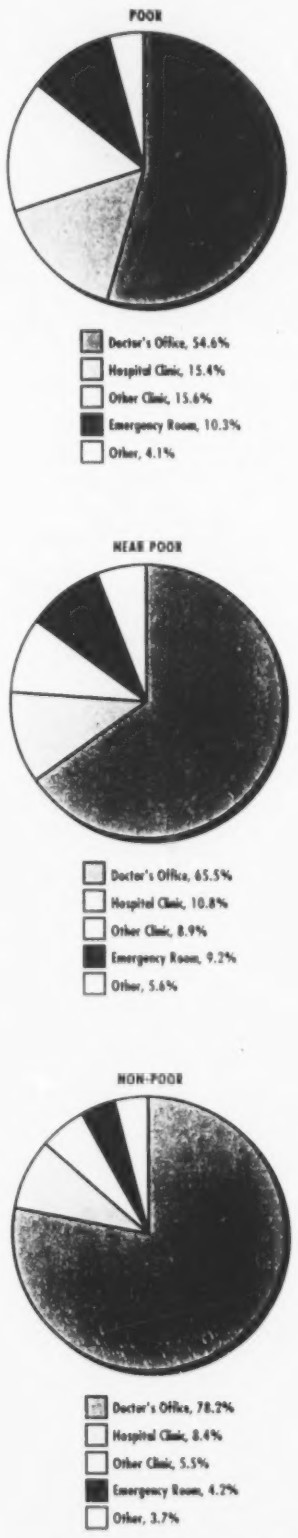
REAL STORIES

My name is Kevin. I'm four. I was sick and had bad bumps. They itched. I had a bad fever that hurt my ears so sometimes I don't hear right. My mom says maybe she can save money for a hearing aid.

Colorado is closing in on the Decade of the Child goal of 90% of two-year-olds immunized by 2000. Over the past five years, 25% more two-year-olds were immunized on time,[21] in part due to the Immunization Action Plan's expansion of free immunization services offered in 38 counties.

In addition to preventing disease in children, immunization is also an important indicator of a health care system that provides timely, regular care for children. While no link has been proven, it is interesting to note that the immunization rate has improved over the same time that Medicaid has expanded to cover pregnant women and young children with incomes up to 133% of the federal poverty level.

Figure 5
Where Children Receive Health Care: 1991

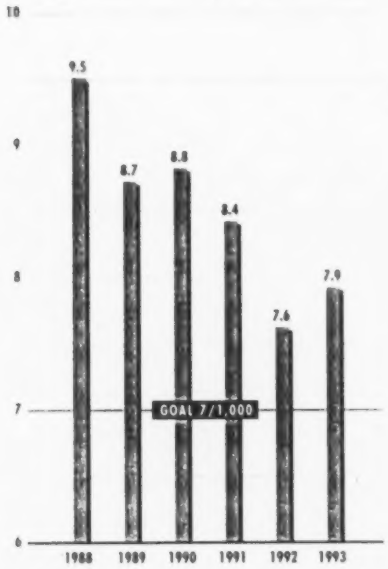


Source: Original analysis of the 1991 National Health Interview Survey by the Center for Health and Economics Research. *Access to Health Care*. Center for Health Economics, 1993

More babies die in the U.S. during their first year of life than in 22 other industrialized countries.[20]

■ ■ ■

Figure 6
Declining Infant Mortality Rate, Colorado: 1988-1993



The Decade of the Child Goal is no more than seven deaths in the first year per 1,000 live births by the year 2000.
Source: Colorado Department of Public Health & Environment

INFANT MORTALITY:
Strong Improvement

In 1993, 7.9 out of every 1,000 babies died before their first birthday.[22] This is the second lowest infant mortality rate ever recorded for Colorado and close to the Decade of the Child goal of no more than seven deaths for every 1,000 births *(Figure 6)*. Children are at greatest risk for mortality during their first year of life *(Figure 7)*. Two-thirds of all child deaths (0-14) occur before the age of one.

Figure 8 depicts the five leading causes of infant mortality. Although these causes are attributable to natural occurrences in 95% of cases, many maternal factors associated with Colorado's infant mortality rate can be used as warning signs. Mothers of infants who died were more likely to be younger, unmarried, and have significantly fewer years of education among other risk factors.[23]

Black Infant Mortality

While the national rate of infant mortality is at its lowest point ever, black infants continue to die at a greater rate, compared to all other ethnicities, than they did 45 years ago. In 1950, the

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"Although we cannot fully explain this effect, many factors that we find prevalent among black women may contribute to the problem including poor access to health care, poor maternal health prior to pregnancy, and inadequate health care as a child or teenager."

PAUL MELINKOVICH, M.D.
Associate Director of Community Health Services, Denver Health and Hospitals

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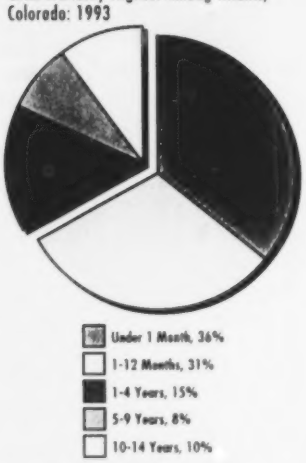
national infant mortality rate for blacks was 1.6 times the rate for whites. By 1991, the rate was 2.2 times the rate for whites.[25]

Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected, and inexplicable death of an apparently healthy infant within the first year of life. As the leading cause of death in children between the ages of one week and one year, SIDS claims approximately 120 lives every year in Colorado.

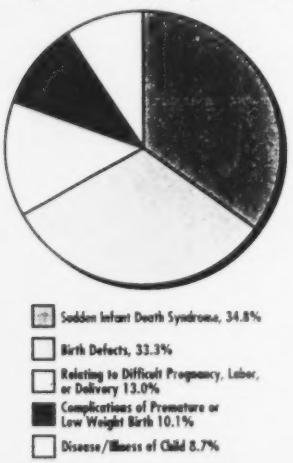
- Male children are 40% more susceptible to SIDS;
- Black, Hispanic, and American Indian children are also disproportionately at risk for SIDS, although income level does not appear to be the underlying factor;
- Low birth weight babies comprise 15% of all SIDS deaths — nearly twice the incidence of the general population;
- Children are at greatest risk during their fifth through 16th week of life.[26]

Figure 7
Child Mortality Highest Among Infants, Colorado: 1993



Source: Colorado Department of Public Health & Environment, Health Statistics Section

Figure 8
Leading Causes of Infant Mortality, Colorado: 1989-1992



Source: Colorado Department of Public Health & Environment, Health Statistics Section. Infant mortality is death within the first year of life.

An estimated 40 Colorado children under age 10 were hospitalized with firearm-related injuries in 1994. The average medical cost for each injury was $14,600.[32]

■ ■ ■

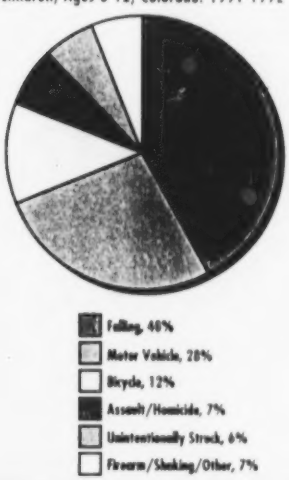
The highest rate of hospitalized burn injury occurs before the age of four — two to three times the rate for all other age groups. A total of 140 Colorado children under age four were hospitalized for burns between 1991 and 1993, most as a result of scalds from hot liquids.[33]

INJURY PREVENTION:
Saving Children's Lives

It is estimated that 24% of all deaths of Colorado children could be prevented with appropriate intervention.[27] And for every $1 spent on prevention, $13 could be saved on treatment for children who are injured.[28] Unintentional injury is the leading cause of death among Colorado children ages one to nine. Of those deaths, most can be classified as resulting from traumatic brain injury. In 1991 and 1992, an estimated 1,000 children under age 13 were hospitalized with a traumatic brain injury and 87 died.

Figure 10 shows that hospitalized and fatal traumatic brain injuries among Colorado children under age 13 are most often caused by falls, motor vehicle incidents, and bicycle crashes. Protective equipment was documented as in use for only 13% of the hospitalized traumatic brain injuries due to motor vehicles, suggesting that many of these injuries and deaths could have been prevented with the use of seat belts, car seats, and air bags. Of the hospitalized traumatic brain injuries due to bicycle crashes, only 3% of these children were documented as wearing a helmet at the time of injury.[29]

Figure 10
Causes of Traumatic Brain Injury, Children, Ages 0-12, Colorado: 1991-1992



Source: Colorado Department of Public Health & Environment, Injury Epidemiology and Injury and Disability Prevention Program. Traumatic brain injuries represented are those severe enough to require an admission to a hospital or lead directly to death. "Unintentionally struck" means by an object or a person.

"If you really want to prevent injury in children you need a system of care that reinforces itself: Regular physician visits must be augmented with parent health education, health education in the schools, community-wide involvement, and injury prevention campaigns in the media."

PAUL MELINKOVICH, M.D.
Associate Director of Community Health Services, Denver Health and Hospitals

Motor Vehicle Injury

Motor vehicle injury alone accounts for 24% of all deaths to children ages one to nine. Of the 62 fatalities to children under age nine involving motor vehicles from 1992-1994:

- 70% were passengers;
- 55% were not restrained in a car seat or seat belt;
- 20% were victims of alcohol-related accidents;
- 30% were pedestrians or bicyclists.[30]

"Auto injuries, burns, and falls account for half of all injury costs involving children under age four...If all doctors routinely warned parents about plastic bags, immature babysitters, shaky window screens, and other dangers in the home, the nation would save $230 million a year in direct medical costs for children under four."[31]

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HEALTH INSURANCE:
All Children Should Be Covered

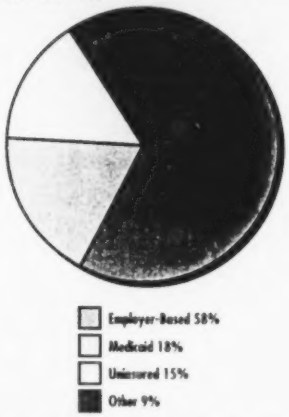
The crux of our fragmented health care system is a lack of guaranteed health care for all children. An estimated 15% (79,500) of children under the age of nine in Colorado do not have health insurance, significantly short of the Decade of the Child Goal of 100% of children covered. Although the majority of children under age nine are included in their parents' employer-based insurance, a significant portion rely on Medicaid or are not covered at all *(Figure 11)*.[34] Research has shown that uninsured children are less likely to receive regular preventive care, more likely to use emergency rooms, and have longer hospital stays.[35]

Ninety-three percent of uninsured Colorado children under age nine come from families in which at least one parent works. Figure 12 demonstrates how many low-income families cannot afford health insurance, but earn too much to qualify for Medicaid. Governor Romer commented on the figures, saying, "This shows that we still have fundamental problems with health care in Colorado and if we don't solve them, our children, our communities, and our economy will suffer."[36]

REAL STORIES

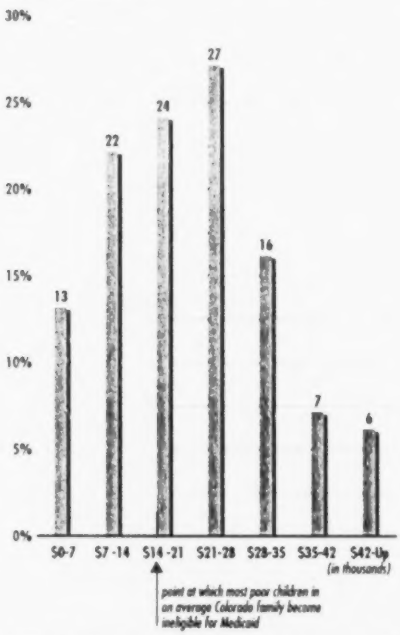
My name is Molly and I'm three. My brother's name is Sam. We live in a new house with an upstairs. Sam and I like it because we can see out the windows, but we pushed too hard on the screen and I fell out. I have a cast from my feet to my arms and it is itchy and hurts. Mom is afraid I won't walk when I get it off.

Figure 11
Type of Insurance Coverage of Children, Ages 0-9, Colorado: 1993



Source: RAND Corporation Survey funded by the Robert Wood Johnson Foundation. "Other" includes Private Non-group, Employer-based/Medicaid combination, and Medicare

Figure 12
Comparison of Uninsured Children to Parental Income, Ages 0-9, Colorado: 1993



Source: RAND Corporation Survey funded by the Robert Wood Johnson Foundation; U.S. Department of Health and Human Services, 1993

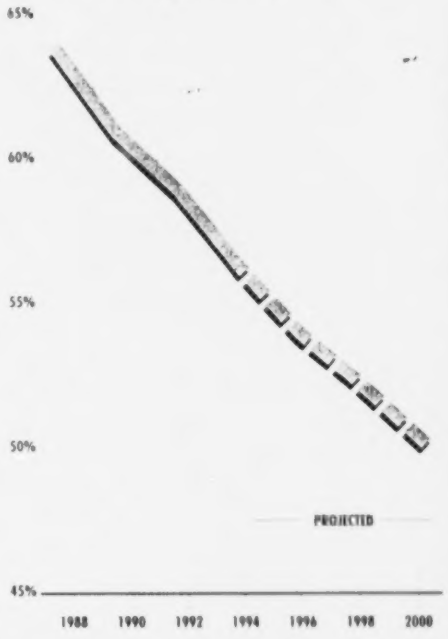
Medicaid:

- **Covers one in four American children;**
- **Assists two out of every three Americans living in poverty;**
- **Pays for more than one third of all births;**
- **Finances 13% of all health spending.**

CHANGING TRENDS IN CHILDREN'S HEALTH COVERAGE

A recent report in the journal Health Affairs *documented the waning coverage of health care for children over the past two decades. In the mid-70s, a changing job market resulted in a decline of employer-based coverage. Coupled with increased restriction of Medicaid eligibility, there was a 40% increase in the proportion of children without health insurance between 1977 and 1987. The expansion of Medicaid over the next four years resulted in five million more children covered by public insurance, reversing the downward trend.[17] If current trends continue, less than 50% of children will be covered by employer-based insurance in the year 2000 (Figure 13). Colorado must decide how to provide health coverage for its children — and what role the private and public sectors should play in that responsibility.*

Figure 13
Percent Children with Employer-Based Health Insurance



Source: Current Population Survey. 1988-1994 calculations by Children's Defense Fund. The State of America's Children, 1995

MEDICAID:
A Public Health Program

The Medicaid program provides medical care at little or no cost for an estimated 138,700 children in Colorado under age 18. Medicaid reaches a population of Colorado children whose family incomes make it difficult for them to purchase health care. And it does make a difference in these children's lives. A recent Denver study suggests enrollment in Medicaid is associated with higher rates of immunization.[18]

As Figure 14 demonstrates, children comprise the majority of Medicaid enrollees but account for a relatively small portion of the total expenditures. The average cost of a Colorado child on Medicaid in 1994 was just over $1,000 compared to the average cost of more than $8,000 for care of the elderly or disabled on Medicaid during the same year.[19]

EPSDT

Early and Periodic Screening Diagnosis and Treatment (EPSDT) is a voluntary health care program for children within Medicaid. Services through EPSDT include:

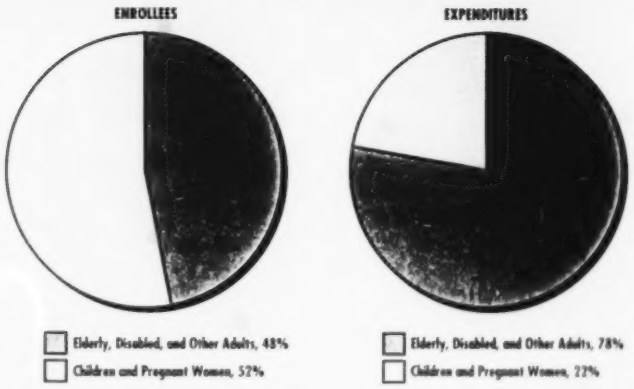
- all well-child visits including regular medical, dental, vision, and hearing checkups;
- immunizations;
- growth and development checks;
- all health services necessary to treat medical problems.

States are encouraged to enroll at least 80% of their child Medicaid population in the EPSDT program. Currently, less than half of eligible Colorado children are enrolled in the free program. The majority of these are infants who are receiving well-baby care and infant immunizations.[40]

Colorado Child Health Plan

The Colorado Child Health Plan was launched in 1993 to meet the health care needs of uninsured children in rural communities. Through a unique public/private partnership, children ages 12 and under who are ineligible for Medicaid, and whose families qualify financially, receive primary care from local medical providers for only $25 per child per year. The plan currently serves 2,200 children in 22 rural counties.

Figure 14
Children's Share of Medicaid: Percent Enrollees and Expenditures, Colorado: 1994

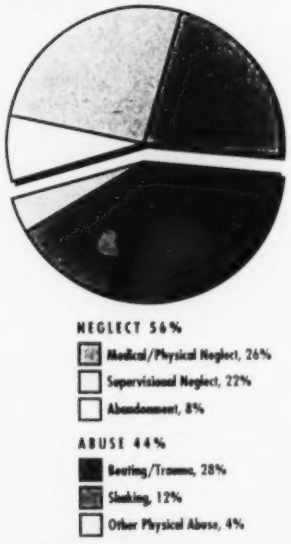


Source: Colorado Medicaid Program Annual Report, 1995, Colorado Department of Health Care Policy and Financing

Research has found that children who have been abused or neglected:

- *are 53% more likely to be arrested as a juvenile;*
- *are 38% more likely to be arrested as an adult;*
- *are 38% more likely to be arrested for a violent crime;*
- *score an average of 13 points lower on IQ tests.*[45]

Figure 16
Causes of Maltreatment Deaths, Ages 0-18, Colorado: 1989-1991



Source: Colorado Department of Public Health & Environment and Colorado Department of Human Services, Colorado Child Fatality Review Committee 1993 Annual Report

ABUSE AND NEGLECT:
Little Improvement

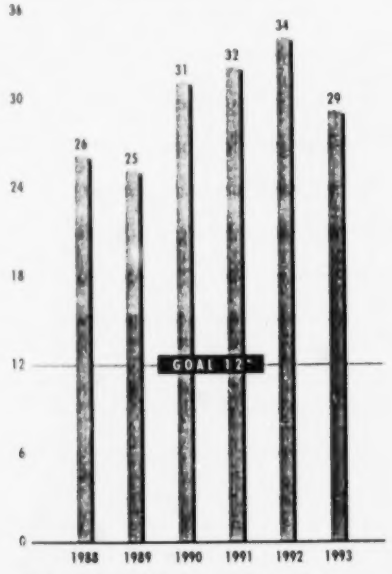
Well-integrated services can also increase the chances of identifying potential child maltreatment before it occurs. Confirmed reports show that approximately 1% of Colorado children are abused or neglected each year.[41] The rate of child abuse and neglect could be reduced if more parents had adequate knowledge, resources, and support.[42] Abuse and neglect includes:

- physical abuse, such as when a frustrated, inexperienced parent shakes a baby who won't stop crying;
- sexual abuse, such as inappropriate touching of a child of any age;
- medical neglect, such as when a parent knowingly does not administer antibiotics to a child who has massive infections;
- abandonment, such as when an unprepared teen parent leaves her new baby at a highway rest stop;
- supervisional neglect, such as when a distracted parent leaves a baby alone in a bathtub or allows a toddler to crawl on the sill of an open second-story window.

A child is most at risk from abuse by a parent. For children under eight, 68% of all confirmed perpetrators are parents. This seems to be particularly true for children of single parents. Only 28% of perpetrator parents are married, suggesting that economic and emotional stress can be important factors in abuse and neglect.[43] Younger children are also disproportionately vulnerable to abuse and neglect. Forty-nine percent of all maltreatment deaths occur to children under age one and 83% of all maltreatment deaths occur to children under age five.

There were 29 deaths from abuse or neglect in Colorado in 1993.[44] There has been little progress toward the Decade of the Child Goal *(Figure 15)*. From 1989 to 1991, more children died from neglect than from abuse *(Figure 16)*.

Figure 15
Rise in Child Maltreatment Deaths, Children Ages 0-18, Colorado: 1988-1993



*The Decade of the Child Goal is no more than 12 deaths of children under 18 from child maltreatment by the year 2000
Source: Colorado Department of Human Services, Central Registry for Child Protection

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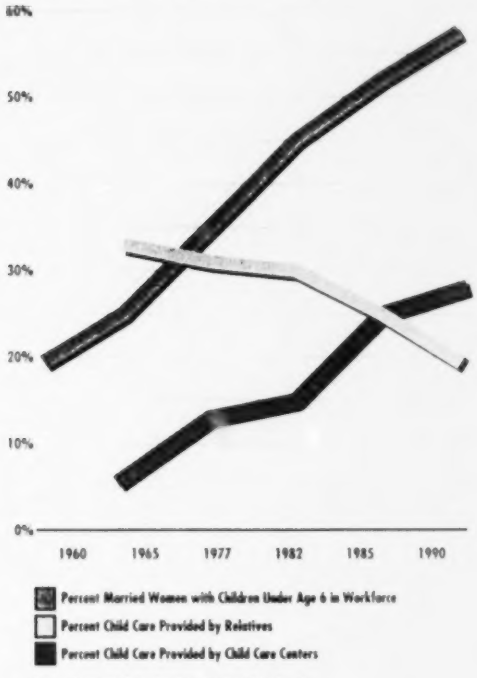
Early Care and Education

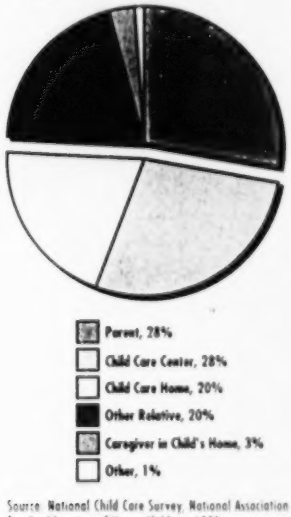
Changing demographics over the last 35 years have made child care a fact of our modern lives. Most women (85%, according to a recent survey)[16] report they would prefer either to be at home full-time or at work part-time so that they could spend more time caring for their families. But by the year 2000, four out of every five American mothers will be working for pay.[17] As the proportion of working women with young children has risen dramatically, the number of children in center-based care has also skyrocketed. Child care provided by relatives has correspondingly decreased (Figure 1).

Figure 1
Changes in Child Care Arrangements, U.S.: 1965-1990



Source: Bureau of Labor Statistics; National Child Care Survey; National Association for the Education of Young Children: 1990

Figure 2
Child Care Arrangements for Children of Employed Mothers, Ages 0-5, U.S.: 1990



Source: National Child Care Survey; National Association for the Education of Young Children: 1990

WHO IS RAISING OUR CHILDREN

An estimated 177,000 Colorado children under six have no parent at home because both parents (or their sole parent) are working.[45] These children all receive some form of child care and education. Figure 2 displays findings from a national study which estimates that 48% of children of employed mothers under age six are cared for in a licensed child care center or child care home.

"Child care is inevitable in this economy."

— OWEN BRAD BUTLER,
Retired Chairman,
The Procter and Gamble Company

What's the difference?

Early Care and Education *is the care of children from birth through school-age in a safe, nurturing, educationally enriched setting. Historically,* ***Child Care*** *has been viewed as a service for working parents, whereas* ***Preschool*** *was viewed as an enrichment program for children ages three to five. All early care and education programs today, however, should embody both these definitions in order to meet the needs of children and their families.*

"Most working parents face a major dilemma: Both parents may need to be employed outside the home in order to provide material necessities, but the after-tax income of the second parent simply won't cover the added cost of high quality child care."

ANNA JO HAYNES,
Executive Director of Mile High Child Care

In a series of community-based focus groups held across the state in 1995, 52% of parents identified child care as their top concern — more often than economic needs, housing, or any other issue.[32]

TOP CONCERNS OF COLORADANS (% IDENTIFYING ISSUE AS A CONCERN)

•PARENTS	•ALL GROUPS
-Child Care (52%)	-Economic/Employment (44%)
-Basic Needs/Housing (44%)	-Basic Needs/Housing (43%)
-Social Supports and Economic/Employment (37% tie)	-Child Care (35%)

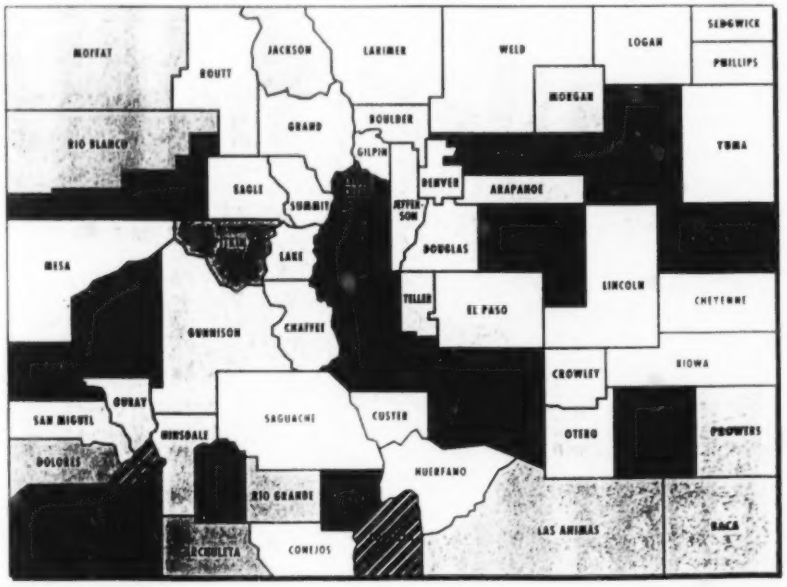
CHILD CARE CAPACITY AND QUALITY: *Colorado's Mixed Bag*

Capacity

Not all families need outside child care. Some families rely instead on one parent at home, shift schedules, or use other relatives. However, many Colorado families must use some sort of care by non-relatives. There are 1,013 licensed child care centers and 6,816 licensed child care homes in Colorado, most of them concentrated along the Front Range.[33] It is easier for parents to make good decisions about child care when there are plenty of options available. Nationally, 65% of parents seeking child care feel that they have no alternatives due to a limited number of spaces, centers, or child care homes in their area.[30]

While center-based care may be more popular in urban areas, and informal neighborhood arrangements in rural areas, there are many parts of the state in which there are two or more children for every available space in a licensed child care center or home, making parental "choice" a luxury *(Map 1)*.[31]

Map 1
Licensed Child Care Spaces Available by Number of Children Under Age 6 with all Parents in the Workforce, Colorado: 1990-1995



Source: 1990 U.S. Decennial Census; "Facility and Spaces Report," May 1995, Division of Child Care Services, Colorado Department of Human Services.
This rate was calculated for children under age 6 with all parents in the workforce based on the number of spaces in licensed child care centers and homes.

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Quality

Child care should not only be accessible, it must also promote child development. These first years of growth, learning, and skills acquisition can determine the very tenor of life for an individual.

Unfortunately, many child care centers and homes are not of high enough quality to promote strong growth and development. Some are so poor that they present a significant threat to a child's emotional and intellectual advancement. A recent assessment of the quality of child care in Colorado found the state lacking in several major areas, resulting in an overall "mediocre" level of quality *(Figure 3)*. The reported quality of child care for infants and toddlers was particularly low. Almost 40% of infant-toddler care was rated below the level considered to be a minimal standard.[33] Similar findings have been reported nationally for child care homes in which 88% of care was rated as minimal or inadequate.[34]

"For a baby, those early weeks and months of growth, understanding, and reasoning can never be brought back to do over again. This is not a rehearsal — this is the main show."

IRVING HARRIS

INFANTS AND TODDLERS: GROWTH WITHIN THE FIRST THREE YEARS OF LIFE

How we function from the preschool years all the way through adolescence and even adulthood hinges, to a significant extent, on our experiences before the age of three.

By age one, infants triple in weight, double in length, and achieve 80% of their total brain growth for life. The extent of brain maturation during the first year is so great that by his or her first birthday, the biochemical patterns of a one-year-old's brain qualitatively resemble those of a normal young adult.

Given the extent of this growth, it is not surprising that babies raised by caring adults in safe and stimulating environments are better learners than those raised in less stimulating settings. Studies of children raised in poor environments show that they have cognitive deficits of substantial magnitude by 18 months of age, and that full reversal of these deficits may not be possible.

The negative effect of early stress on brain function is apparent. Those children who have suffered from traumatic circumstances in their earliest years are at significantly greater risk of developing cognitive, behavioral, and emotional difficulties later in life.

FROM STARTING POINTS,
The Report of the Carnegie Task Force on Meeting the Needs of Young Children, April 1994

"Across all levels of maternal education and child gender and ethnicity, children's cognitive and social development are positively related to the quality of their child care experience."[55]

Good-quality services cost more, but not a lot more. The Cost, Quality, and Child Outcomes in Child Care Centers *(1995) study estimates that "The additional cost to produce good-quality services compared to mediocre-quality services is about 10%."*[56]

In one study of inner-city school children, those children exposed from early infancy to good nutrition, toys, and playmates exhibited measurably more complex brain function at age 15, suggesting that the benefits of early intervention are cumulative and enduring.[57]

■ ■ ■

National studies show that approximately 15% of all child care settings are of poor quality, suggesting that one in seven children receives poor quality care in available, typical child care arrangements.[58]

CENTERS WITH MEDIOCRE QUALITY OF CARE
(82% of Colorado Centers)

While the children's basic health and safety needs are met, children do not have the kind of opportunities for learning that are an ongoing part of developmentally appropriate care and do not support children's optimum development and learning. Learning activities are poorly planned, limited, and sporadic. There are few toys or activities to promote play. Teachers rarely engage the children in positive interaction; instead, most communication is disciplinary. Children may wander on their own in the classroom for much of their day. A baby's diaper might be changed regularly, but in a detached, cool manner. Babies are handled in an impersonal, mechanical way, with little warmth or individual attention.

CENTERS WITH GOOD QUALITY OF CARE
(6% of Colorado Centers)

In a good or developmentally appropriate room the environment is clean and safe. Babies have a variety of toys and materials to use in play with teachers who talk and sing with the children and also communicate daily with the children's parents. Children are handled as individuals rather than as a group, and engage with attentive teachers in activities that the children find interesting. Teachers are almost always on the floor with children. There is a lot of physical attention in these classrooms, with children being cuddled and held according to their needs. There is little crying, and when crying occurs, teachers respond quickly to the child, taking children's communications seriously.[57]

Figure 3
Quality of Child Care Centers, Colorado: 1995

Source: Cost, Quality, and Child Outcomes in Child Care Centers, 1995

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Table 1
Selected Predictors of Good Quality Child Care

PREDICTORS	EFFECT ON CHILDREN AND FAMILIES	COLORADO'S STATUS/PERFORMANCE
Staff to Child Ratios[A]	When there are fewer children per adult: • Children's language and vocabulary improve • Providers are more sensitive and responsive • Children make greater gains on school readiness measures • Children play more with other children • **Overall quality is higher**	CO Licensing[F] / NAEYC Standards[G] Infants 1:5 / 1:3-4 Toddlers (ages 1 to 2 ½) 1:5-7 / 1:3-7 Preschool (ages 2 ½ to 5) 1:8-12 / 1:7-10
Caregiver Education[B]	When caregivers have more education: • There are better interactions between caregiver and child • Children play more and in more complex ways • Children feel more safe and secure • Children are more proficient at language • Teachers are less likely to respond to a child's misbehavior by yelling, scolding, threatening, or hitting • **Overall quality is higher** (correlated most significantly with college degree or higher)	[C]Estimated percent of teaching staff with college degrees in four-state study: 26% Estimated percent of teaching staff with college degrees in Colorado: 33%
Caregiver Turnover[E]	When teacher turnover is high: • Children's social and language development suffers • Children spend less time engaged in activities with peers and more time aimlessly wandering around • Children feel less securely attached to their parents • Complexity of play decreases • School adjustment in first grade may suffer • **Overall quality is lower**	[D]Estimated percent of staff at Colorado child care centers who left during 1994: Nonprofit 36% For-profit 67% Percent of teaching staff who report that they are "likely to quit in the next 12 months": Nonprofit 35% For-profit 42% Percent who report reason for leaving as "wages too low": Nonprofit (avg $6.40/hr) 19% For-profit (avg $5.50/hr) 31%

Source: A. Cost, Quality, and Child Outcomes in Child Care Centers, Helburn et al., 1995. National Day Care Study, Ruopp, Travers, Glantz, Coelen, 1979. B. Division of Child Care Services, Colorado Department of Human Services, 1995; C. National Association for the Education of Young Children, 1995. D. Cost, Quality, and Child Outcomes in Child Care Centers, Helburn et al. 1995. National Child Care Staffing Study, Whitebrook, Howes, Phillips, 1989. E. As found in random sample of 50 for-profit and 50 non-profit Colorado child care centers, Cost, Quality, and Child Outcomes in Child Care Centers (1995); F. Cost, Quality, and Child Outcomes in Child Care Centers, Helburn et al., 1995. National Child Care Staffing Study, Whitebrook, Howes, Phillips, 1989. G. As found in random sample of 50 for-profit and 50 non-profit Colorado child care centers, Cost, Quality, and Child Outcomes in Child Care Centers (1995)

What Are the Risk Factors?

The *Cost, Quality, and Child Outcomes in Child Care Centers* (1995) study found that the "Quality of care affects the developmental outcomes of all children... Children in better quality child care had stronger language ability, pre-academic skills, relationship with teachers, and social skills."[xv] This study and others have isolated three factors that largely determine the quality of care: staff-to-child ratios, caregiver education, and caregiver turnover, as described in Table 1.

Nonprofit vs. Profit

The difference in quality between nonprofit and for-profit child care centers continues to be a subject of debate. The four-state Cost, Quality, and Child Outcomes *(1995) study did not find any significant difference in the quality of nonprofit centers compared to for-profit centers in a sample of Colorado centers. The 1990* National Child Care Staffing Study, *however, found that overall quality tended to be highest among nonprofits and lowest among for-profits, particularly judged by staff turnover, staff education, and levels of developmentally appropriate activities. Further, a 1995 study funded by the Aspen Institute found that nonprofit center directors tend to have more training in child development and for-profit centers tend to pay their employees less, have a higher staff-to-child ratio, and lower group stability.*[xvi]

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Ready to Succeed

A primary role of early care and education is to prepare children for school success. In 1989, the nation's governors and the President established National Education Goals for the year 2000. Goal One is that "All children in America will start school ready to learn." Colorado has been working to achieve Goal One through a number of efforts:

- First Impressions was established in 1987 as Governor Romer's early childhood initiative to raise public awareness of the importance of early care and education;
- The Department of Human Service's Division of Child Care is working to streamline and improve child care licensing and subsidy programs for low-income families;
- The Department of Education has developed program guidelines that are helping to improve the quality of services in early childhood settings;
- Other initiatives to address the quality, availability, and affordability of early care and education for Colorado families include the Early Childhood Professional Standards Committee, the Business Commission on Child Care Financing, the Colorado Office of Resource and Referral Agencies, and the Colorado Preschool Program.

On Family

"The ability of quality preschool programs to ameliorate deficits in a child's background are overshadowed by the key role of the family. The family is the first and most fundamental influence on the child. Its influence lasts throughout life."[62]

"Children learn how to act, how to treat others, even how to learn — primarily at home. When families take an active role in their children's learning, children are far more likely to do well in school and later in life."[63]

PRESCHOOLERS: AGES THREE TO FIVE

In addition to the findings of the Perry Preschool Project, high quality preschool settings have been documented as correlated with school success, social and emotional competence, improved health, more functional families, and positive contributions to the community. Other studies have found that participants in high quality preschool settings:

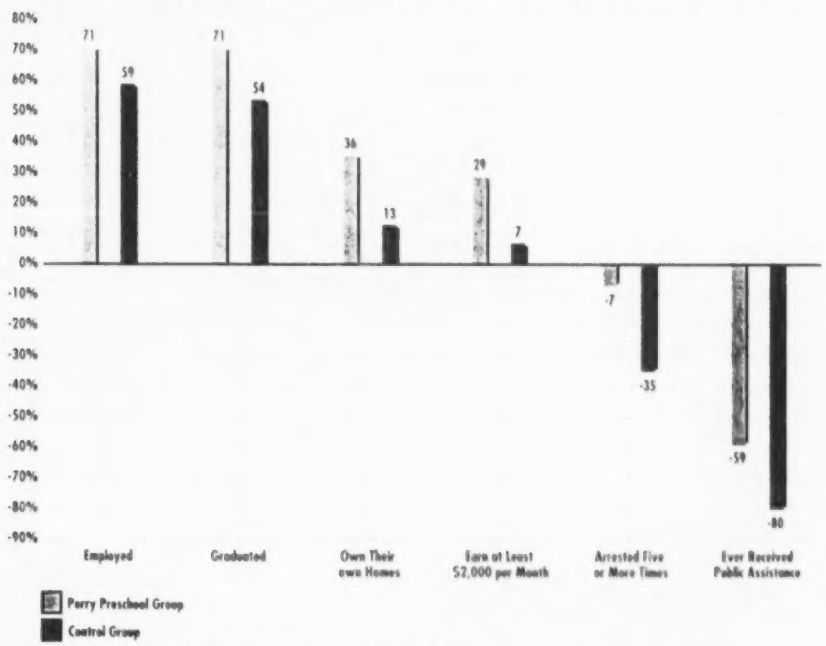
- *Average a 10-point boost in IQ scores;*
- *Adjust better to kindergarten and school;*
- *Demonstrate greater skills on tests of cognitive ability and language development;*
- *Maintain gains in intellectual functioning for three to four years after the program's end;*
- *Are assigned to special education programs less frequently;*
- *Show greater motivation for learning and commitment to schooling;*
- *Demonstrate greater social competence throughout their school years and are rated more sociable by parents and peers;*
- *Have greater access to health care and improved physical health;*
- *Receive better dental care;*
- *Have better nutritional practices and status;*
- *Benefit from mothers who see themselves and their children as more competent;*
- *Benefit from parents who have improved their childrearing practices and better cope with family crises.*

"WHAT ARE THE BENEFITS OF HIGH QUALITY EARLY CHILDHOOD PROGRAMS?" *National Association for the Education of Young Children, 1990*

Figure 4

Positive and Negative Life Outcomes of the Perry Preschool Group at Age 27

For every $1 invested in high quality preschool, an estimated $7.16 is returned to society in income, payroll taxes, and reduced social costs.



Source: Significant Benefits: The High/Scope Perry Preschool Study Through Age 27, 1993

PRESCHOOL:
A Life-long Advantage

How much impact can a preschool program have on a child's success in school — or even in life? The Perry Preschool Project is one example of many that testifies to the importance of high quality preschool.

Perry Preschool Project

Initiated in the 1960s in Michigan, the Perry Preschool Project provided an enriched, high quality preschool environment by developing social and learning skills in 123 children, ages three to four, at risk for school failure. The children and their families also received planned educational visits at home once a week. Life outcomes of the project participants were studied over the next three decades in comparison with a control group *(Figure 4)*. Adults who participated in the project as children were, at age 27, more likely to have graduated and pursued post-secondary education or training, to be employed, to earn more, and to own their own home. They were also less likely to have received public assistance and to have been arrested five or more times.[14]

Colorado Preschool Program

The Colorado Preschool Program was created by the state legislature in 1989 as a statewide preschool project which provides children with language delay and/or multiple social and environmental risks an enriched educational environment in preparation for primary school.

Of the 6,500 four-year-olds entering the Colorado Preschool Program in 1995-1996:

- 47% have a language delay;
- 23% have social and emotional problems;
- 22% have a parent with less than a high school education;
- 20% come from a non-English-speaking home;
- 15% come from families that are chronically unemployed.

Four-year-olds who begin the program lagging in language development leave the program performing at or above age level, showing on average a 15-month gain in language skills. Further, for the 78% of participants who are described initially as having one or more problems that could affect their ability to succeed in school, only half of these problems persisted at the end of the year.[35]

SCHOOL-AGE CARE:
A Growing Need

While some children between the ages of five and nine return home to their parents after school, an estimated 130,000 Colorado children need before-and-after school care. These programs provide safe, supervised, and constructive activities for children outside of school hours.

LIFE STORIES

James is eight years old and lives with his dad. After school, he uses his own key to let himself into his home and calls a neighbor at her office to let her know he's okay. James' dad works at a plant and can't take calls at his job. James usually watches TV until his dad gets home because he is scared to play in the neighborhood.

The total average juvenile justice cost per child in the Perry Preschool Project was $186 for the preschool group compared to $1,985 for the control group.[46]

Out of a group of 4,500 children who were identified as "at risk for school failure," children who participated in at least three years of preschool were as prepared for school as children identified as not at risk for school failure. Those at-risk children who received fewer than three years of preschool continued to lag significantly behind.[47]

SCHOOL-AGE CHILD CARE: AGES FIVE AND UP

"Latchkey children" spend some or all of their time alone before and after school. Many parents are reluctant to admit the amount of time their children spend unsupervised, and therefore the data on latchkey children is unreliable and probably underreported. The National School Age Care Alliance reports that without supervised before-and-after school care, children are more likely to have:

- *higher levels of fear, stress, loneliness, or boredom;*
- *more troubling dreams at night;*
- *higher absentee rates at school;*
- *lower academic test scores;*
- *engaged in substance abuse (50% more likely to use alcohol and to smoke cigarettes) and other risk behaviors.*

School-age care not only helps prevent these problems, but has been shown to have the following positive outcomes for children who participate. When children are enrolled in high quality school-age care, they are more likely to:

- *study;*
- *improve their grades;*
- *have improved reading and math scores;*
- *have more highly developed social skills and better likelihood of developing friendships;*
- *become more cooperative and learn to handle conflicts;*
- *contribute to a decrease in vandalism in 35% of schools studied.*

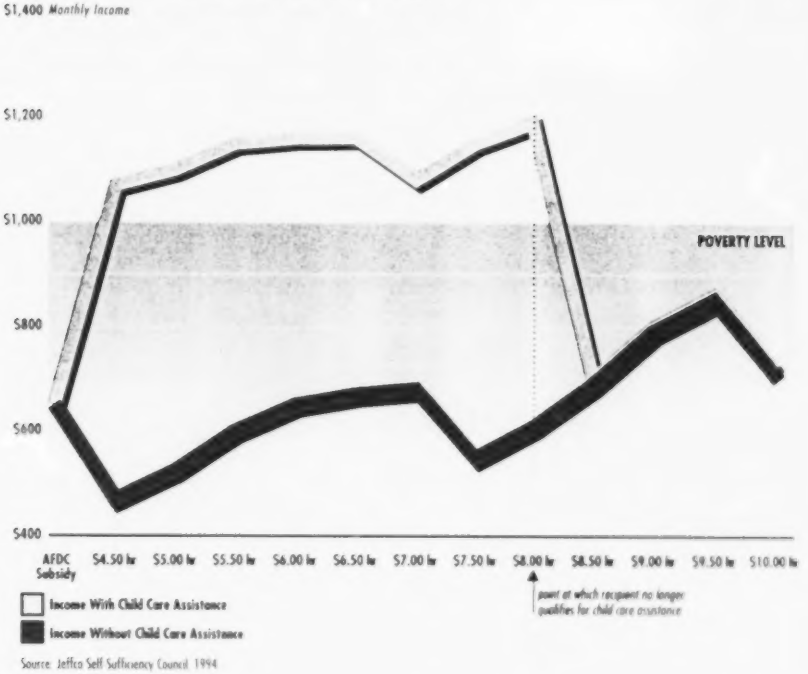
NATIONAL SCHOOL AGE CARE ALLIANCE, 1995

DID YOU KNOW?

For every educational dollar spent by the Colorado Department of Education, less than a penny goes to programs for children under five.[48]

A recent report found that single parents receiving child care assistance are more likely to return to school, complete job training, and get jobs.[49]

Figure 5
The Cliff Effect – What Happens When a Family Loses Child Care Assistance
Net Income After Taxes, Medical, and Child Care for a Single Parent with Two Children



Source: Jeffco Self Sufficiency Council 1994

HILD CARE ASSISTANCE:
Stabilizing Colorado Families

Child care also plays a significant role n pulling and keeping families out of poverty. It is an essential part of any anti-poverty strategy, if well integrated. The cost of child care in Colorado can be high. Poor Colorado families spend an average of 30% of their income on child care, compared to 15% of a typical middle-income family's budget.[9] Even with child care assistance, a low-income family may have a difficult transition to self-sufficiency, as shown in Figure 5.

Public Subsidies for Child Care

Each year Colorado invests state resources into assistance programs for families in need of child care and into enriched preschool programs for children who are in danger of entering school unprepared. Table 2 illustrates the levels of selected federal, state, and county child care subsidies for fiscal year 1995-1996.

REAL STORIES

Sara is three years old. Her mom was fifteen when Sara was born. Her mom is trying to finish high school, but has trouble paying for child care. Sara has been in many different child care situations and has trouble adjusting to new caregivers. Sara's mom doesn't know how to handle Sara's temper tantrums.

Table 2
Selected Federal, State, and County Child Care Subsidies, Colorado: 1995-1996
(The average cost of child care for one child in Colorado is $5,760 per year)

PROGRAM	TARGET POPULATION	NUMBER OF CHILDREN '95-'96	COUNTY FUNDS '95-'96	STATE FUNDS '95-'96	FEDERAL FUNDS '95-'96	TOTAL FUNDS '95-'96
SELECTED COLORADO CHILD CARE ASSISTANCE PROGRAMS – ANNUAL CONTRIBUTIONS						
Low-Income Child Care	Employed families and teen parents who are in high school who meet low-income guidelines.	12,500	$4,647,700 *($370/ child)*	$8,772,385 *($700/ child)*	$14,347,070 *($1,150/ child)*	$27,767,155 *($2,220/ child)*
JOBS Child Care	Families enrolled in the JOBS self-sufficiency program who are receiving AFDC benefits. Most JOBS families are enrolled in post secondary training programs.	5,900	$1,779,420 *($300/ child)*	$2,401,640 *($410/ child)*	$4,716,040 *($800/ child)*	$8,897,100 *($1,510/ child)*
Transitional Child Care	Employed families who are no longer eligible for AFDC. These families receive 12 months of transitional child care and Medicaid benefits.	1,530	$536,660 *($350/ child)*	$674,320 *($440/ child)*	$1,422,325 *($930/ child)*	$2,633,305 *($1,720/ child)*
Child Welfare Special Circumstance Child Care	Families who have an open child welfare case and need child care as a support service. These cases include protection, foster care, and emergency assistance.	1,450	$720,000 *($500/ child)*	$1,323,700 *($915/ child)*	$1,556,300 *($1,075/ child)*	$3,600,000 *($2,490/ child)*
Colorado Personal Responsibility and Employment Program	Families selected into the experimental component of CPREP who are on AFDC and working, no longer eligible for AFDC and working, or on AFDC and enrolled in the JOBS self-sufficiency program.	1,170	$1,250,000 *($1,070/ child)*	$450,000 *($380/ child)*	$300,000 *($260/ child)*	$2,000,000 *($1,710/ child)*
SELECTED COLORADO EARLY CARE AND EDUCATION PROGRAMS – ANNUAL CONTRIBUTIONS						
Colorado Preschool Program	Children at risk for school failure.	6,650	*	$13,300,000 *($2,000/ child)*	None	$13,300,000 *($2,000/ child)*
Chapter One Preschool	Educationally deprived children.	2,300	*	*	$3,450,000 *($1,500/ child)*	$3,450,000 *($1,500/ child)*
Preschool Children with Disabilities	Preschool children with disabilities.	6,760	*	*	$4,614,330 ($685/ child)	$4,614,330 ($685/ child)
Head Start	Families who meet income level eligibility.	8,118	*	*	$31,787,340 *($3,915/ child)*	$31,787,340 *($3,915/ child)*

*Any funding decisions are made on a local level. In most cases, support consists of in-kind use of facilities, transportation, and janitorial staff.
Source: Division of Child Care Services, Colorado Department of Human Services.

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CHILD CARE AND THE WORKPLACE:
A Bottom-line Issue

With so many Colorado families relying on child care on a daily basis, it is not surprising that child care availability, quality, and cost greatly affect workers and the workplace. Nine out of 10 American companies report increases in absenteeism and tardiness due to child care related problems.[71]

"Businesses must understand the cost to their employees both financially and emotionally that result when child care options are inadequate."

DOUG PRICE,
President of 1st Bank,
Chairman of the Governor's Business Commission on Child Care Financing

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France has developed a comprehensive national child care system that serves 90% of the country's three, four, and five-year-olds. Nearly 80% of costs for the system are publicly subsidized. A significant portion of resources are devoted to teaching staff, all of whom have training equivalent to a master's degree in early childhood education. If scaled to the U.S. population, France spent the equivalent of $34.8 billion (U.S.) on programs for children under six in 1988. The U.S. spent $16.6 billion on such programs the same year and assisted significantly less than 90% of its children.[72]

In a recent survey of 360 employees in Jefferson County:

- 82% indicated they needed child care on a regular basis;
- 68% said they had trouble finding child care and more than half attributed these problems to poor quality, high cost, and limited availability;
- 44% reported missing work in the past because they were not able to find child care.[73]

Locating Good Child Care

Parents, employers, and community planners do have a place to go for information on child care. The Colorado Office of Resource and Referral Agencies, Inc. (CORRA) coordinates a statewide network of 18 community-based sites focused on child care and family services.

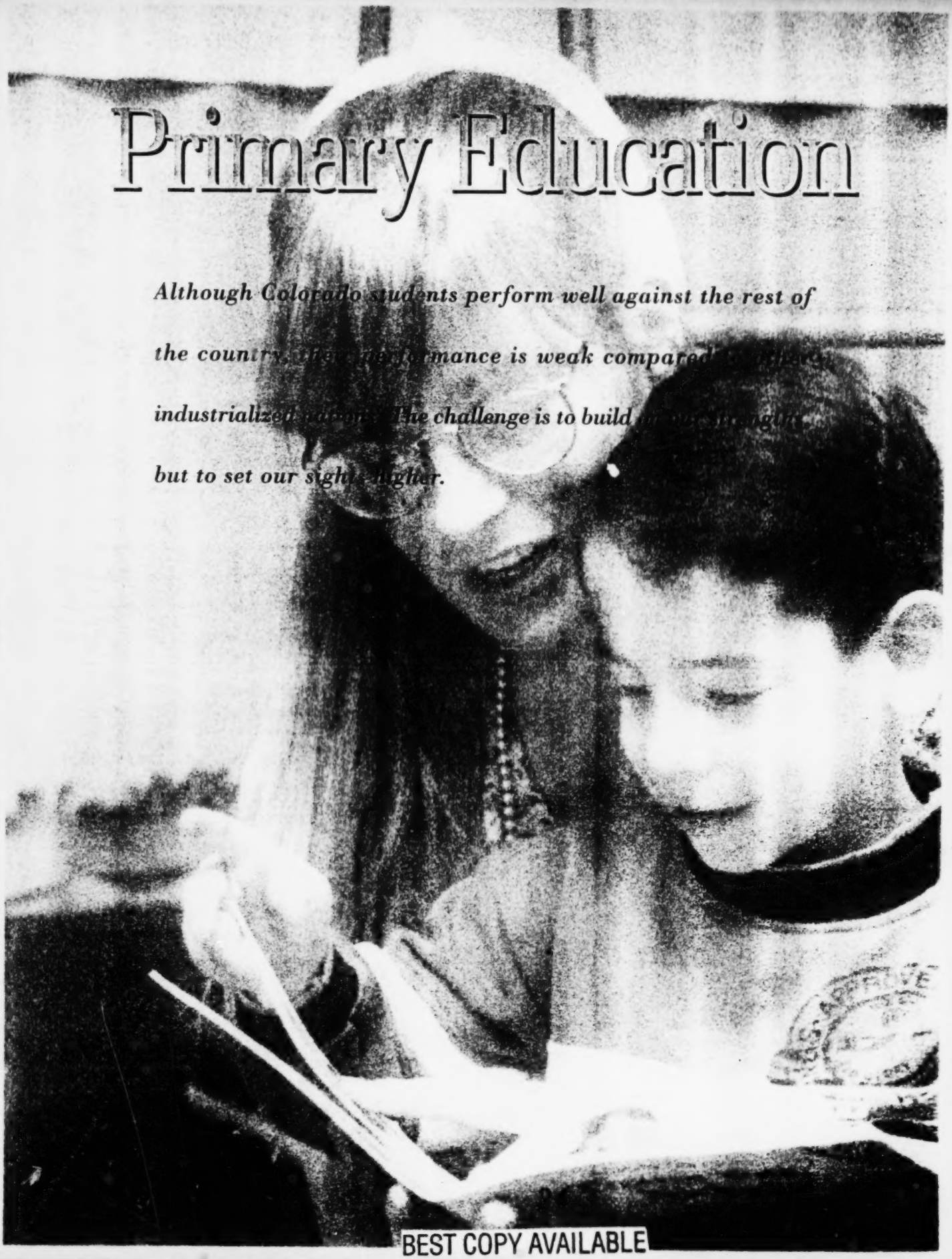
CORRA provides services to:

- parents, through consumer education and database searches of all legal child care options;
- employers, by elevating awareness of work/family concerns encountered by employees and assisting with supports and solutions;
- community leaders, through ongoing collection, analysis, and distribution of supply and demand data.

To improve quality and supply, CORRA recruits new providers, offers technical assistance, and connects providers to training opportunities. Annually, more than 30,000 families, employers, and providers contact their local resource and referral agencies for information and assistance on child care and education.

Primary Education

Although Colorado students perform well against the rest of the country, their performance is weak compared to others industrialized nations. The challenge is to build on our strengths but to set our sights higher.



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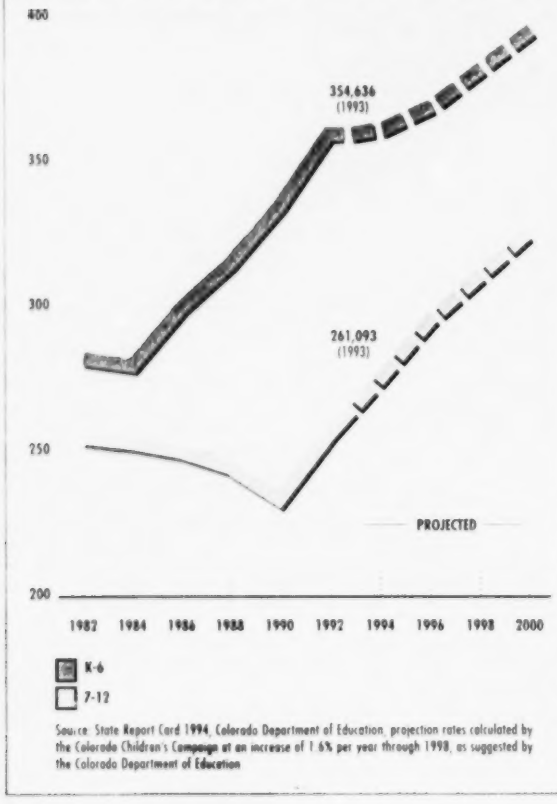
Twenty-five percent of Coloradans have children in school.[77]

■ ■ ■

The Colorado Department of Education spent nearly $3.8 billion to educate 582,565 students in 1994, at a cost of $6,477 per student.[78]

Figure 1
Increase in Public School Students *(in hundred thousands)*, Colorado: 1982-2000



Source: State Report Card 1994, Colorado Department of Education, projection rates calculated by the Colorado Children's Campaign at an increase of 1.6% per year through 1998, as suggested by the Colorado Department of Education

BOOMING SCHOOLS:
Population Growth

Approximately 355,000 children were enrolled in Colorado public elementary schools in 1994.[79] As the state's economy booms, the size of Colorado's young school-age population is also growing. If current trends continue, the elementary school population will reach nearly 400,000 by the year 2000 *(Figure 1)*.

According to a survey commissioned by the Colorado education policy group Agenda 21, 49% of Coloradans feel that the state's public school system is only performing at a "C" level *(Figure 2)* and 65% think schools are "on the wrong track" *(Figure 3)*. While these perceptions are in part supported by our consistently average performance on the National Assessment of Educational Progress examinations,[80] Colorado's ACT and SAT scores continue to be far above average.[81]

SCHOOL READINESS:
The First Building Block in Primary Education

As described earlier, Colorado is undertaking efforts through enriched preschool programs, licensing, and caregiver training to reach the National Education Goal One for the year 2000: that all children will start school ready to learn. A recent survey of Colorado teachers, however, estimated that 35% of kindergartners start school without the skills necessary for school success (for example, knowing the letters of the alphabet or the days of the week).

Of the teachers surveyed:

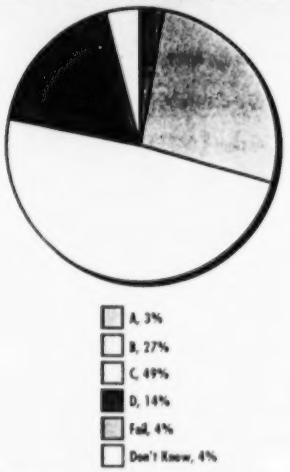
- 47% report that fewer children enter school prepared than they did five years ago;
- 50% report that poor language skills are the most common deficiency;
- 66% point to parent education as the best way to improve kindergartners' school readiness.[79]

It may be difficult to imagine an enthusiastic five-year-old, equipped with a new lunchbox and high expectations of the world of school, "failing," but every year hundreds of Colorado kindergartners are so ill-prepared for school that they must repeat the year. For these children, their first experience of school is a traumatic one. These second tries also cost taxpayers a considerable amount of money. Consider Denver Public Schools: 128 kindergartners (2%) were held back after the 1994-1995 school year at a cost of $2,250 each, resulting in a total cost to the district of $288,000.[80]

"I am very concerned about kids who are six, seven, and eight years old falling too far behind to really find success in school...It's darn important that these kids get a good start."

IRV MOSKOWITZ[81]
Denver Public Schools Superintendent

Figure 2
Coloradans Grade Public School System, Colorado: 1993



Source: Agenda 21, 1993, Talmey Drake Research and Strategy

Figure 3
Coloradans Think Public School System is on the Wrong Track, Colorado: 1993

Source: Agenda 21, 1993, Talmey Drake Research and Strategy

REAL STORIES

Lisa is six years old and just started school. Although she is very bright, Lisa is shy and barely speaks due to a language delay. She was unable to get into her local preschool to help her catch up. Lisa is in danger of falling behind before she finishes her first year of school.

By the time the average American five-year-old steps into a classroom, he or she has watched more than 4,000 hours of television – more than two hours for every day he or she has been alive.[83]

■ ■ ■

The average mobility rate at Denver public elementary schools is 97%.[84]

■ ■ ■

Fifty-seven percent of Coloradans feel that part of the problem is that not enough tax dollars are spent on K-12 public education.[85]

SCHOOL SUCCESS:
Home, School, and Community

Once children are enrolled in school, there are measurable elements that contribute to a student's success. Agenda 21 has created a handbook to help parents better their children's education. The report highlights seven essential ingredients in a recipe for school success:

- healthy, curious children who are ready to learn;
- engaged, involved parents;
- safe schools;
- clear-cut goals and reliable measures of assessment;
- stimulating learning environments;
- first-class school professionals;
- a caring, invested community.[86]

Innovative Success

Eileen Barela's second-grade class at Asbury Elementary School in Denver has demonstrated remarkable results (her class achieved the highest scores of any school in the district last year on the Iowa Achievement Test and ranked in the 81st percentile nationally) with a combination of innovative teaching, strong kindergarten preparation, and parent involvement:

- Parents must sign a "commitment contract" promising to listen to their child read for 30 minutes every night;
- Each child must read a book a week and write a report on it;
- Each child must complete long-term reports and learn to take lecture notes.

Ms. Barela attributes her students' success to:

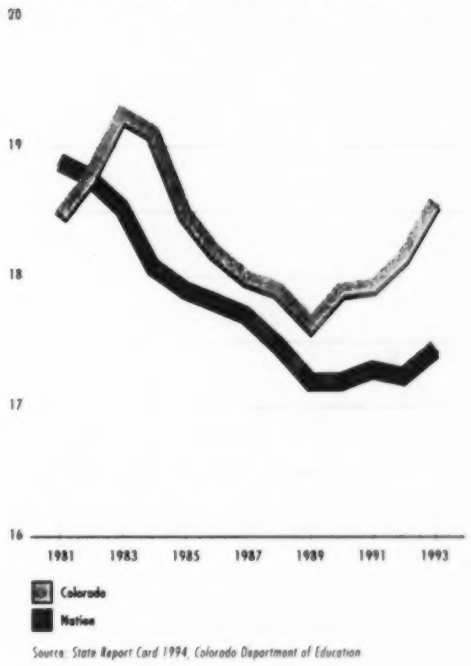
- strong early childhood and kindergarten preparation;
- a two-year curriculum that runs seamlessly from kindergarten to second grade;
- strong emphasis on reading and writing.[86]

Classroom Size and Student-to-Teacher Ratios

Perhaps the most important strategies for younger students' school success are small class size and low student-to-teacher ratios. Research suggests that effective elementary school classrooms have approximately 20 students[87] with allowance for variable-size groupings, depending on the activity and the students' needs.

Since 1989, the Colorado student population has increased 13.8% while the number of classroom teachers in public schools has increased only 9.2%, boosting the average student-to-teacher ratio to 26:1 for regular classrooms, excluding specialized classes.[88] Currently, Colorado ranks 41st in the country for its high student-to-teacher ratios. These ratios are lowest in rural districts and highest in larger, urban districts.[89] Unfortunately, Colorado student-to-teacher ratios continue to increase for all classes, including specialized programs, and have exceeded national levels since 1983 *(Figure 4)*.

Figure 4
Student-to-Teacher Ratios, Colorado and the Nation: 1981-1993



Source: *State Report Card 1994*, Colorado Department of Education

Boys are twice as likely as girls to be enrolled in special education programs.[84]

Parental Involvement

Another key to school success is parental involvement. When parents take an active role in their children's education, children's school achievement increases, including:

- higher grades, test scores, and attendance rates;
- fewer disciplinary problems and special-education placements;
- higher graduation rates;
- greater enrollment in postsecondary education.[90]

Parents can contribute to school success by:

- making sure their child has a quiet, well-lit place to study and read;
- setting limits on the time he or she spends watching TV;
- keeping books, magazines, and newspapers in the house; showing their child that they themselves enjoy learning new things and discussing new ideas; helping their child get his or her own library card;
- showing an interest in what their child is learning in school; knowing what kind of homework is expected by teachers, and making sure their child completes it;

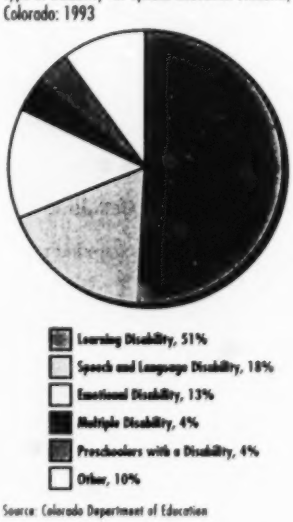
SPECIAL EDUCATION: AN INCREASE IN COLORADO

The number of special education students in Colorado has increased 21% from 1989 to 1994.[91] *This increase has been attributed to both a massive influx of students from other states with their own Individual Education Plans and the addition of preschoolers with special needs to the Colorado Department of Education's special education budget.*

Special education students now comprise 13% of the total Colorado student population.[92] *The majority are learning disabled (Figure 5).*

Compared to other states, however, Colorado enrolls very few children in special education. Assistant Commissioner of Education Brian McNulty attributes our rank of 46th in the nation for special education enrollment to "doing a good job of prevention and not diverting borderline kids into special education. Clearly we are not overidentifying special education children."[93]

Figure 5
Type of Disability for Special Education Students, Colorado: 1993



Source: Colorado Department of Education

- asking the teacher for ideas on simple activities to do at home that will support what their child is learning in school;
- taking advantage of opportunities to get actively involved in their child's school; volunteering to chaperon a field trip, tutor students, or join a school committee.[5]

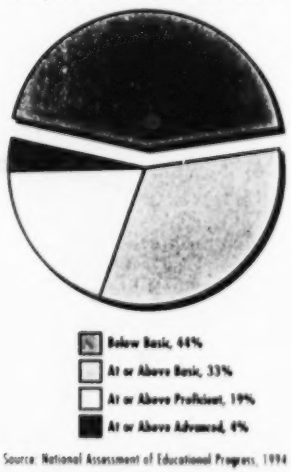
SKILL LEVELS:

Cause for Concern

The most widely used statewide measure of school performance for young children is the National Assessment of Educational Progress Reading Standards. In 1994, 44% of Colorado fourth graders were reading at a below-basic level *(Figure 6)*. This rate has increased marginally from 1992, when 40% of Colorado fourth graders were reading at a below-basic level.[6]

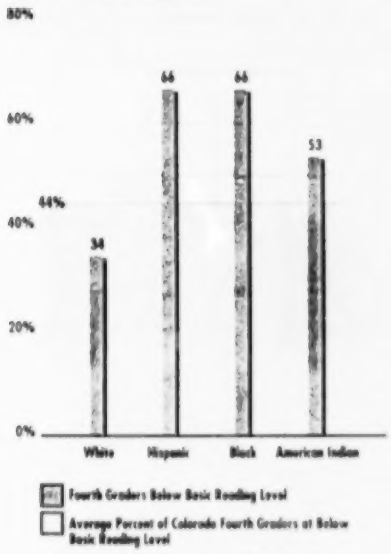
Students of minority ethnicity are over-represented among fourth graders with below-basic reading skills *(Figure 7)*. As the demographics of our school systems are projected to shift dramatically over the next 20 years *(Figure 8)*, the performance of Hispanic, Black, and American Indian students will continue to be a source of great concern.

Figure 6
Reading Levels of Fourth Graders, Colorado: 1994



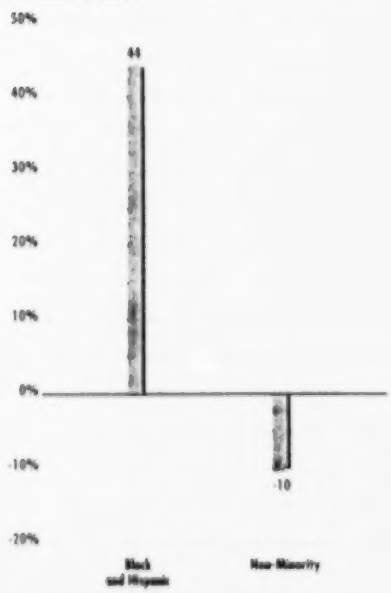
Source: National Assessment of Educational Progress, 1994

Figure 7
Percent of Fourth Graders Below Basic Reading Level by Race and Ethnicity, Colorado: 1994



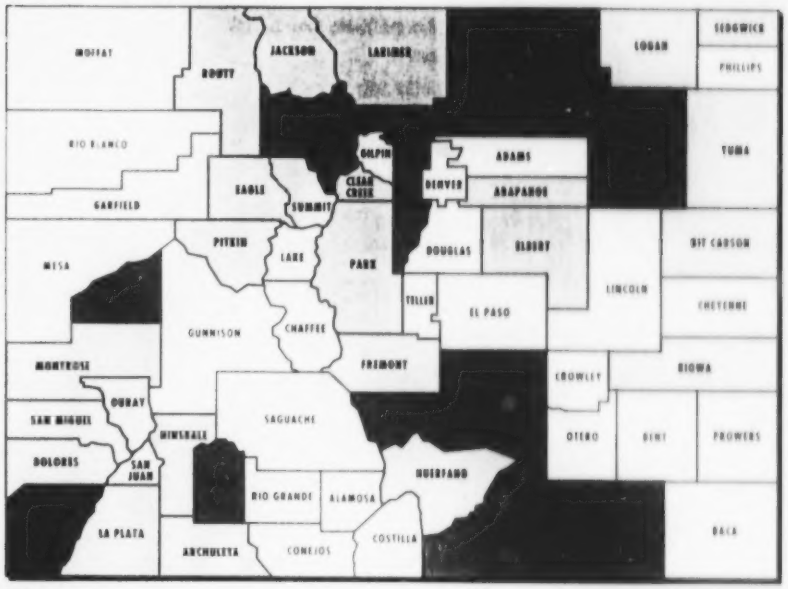
Source: National Assessment of Educational Progress, 1994

Figure 8
Projected Percentage Change in School-age Population, Colorado: 1995-2015



Source: Colorado Department of Education, 1993, *Turning Point Agenda 21*, 1994

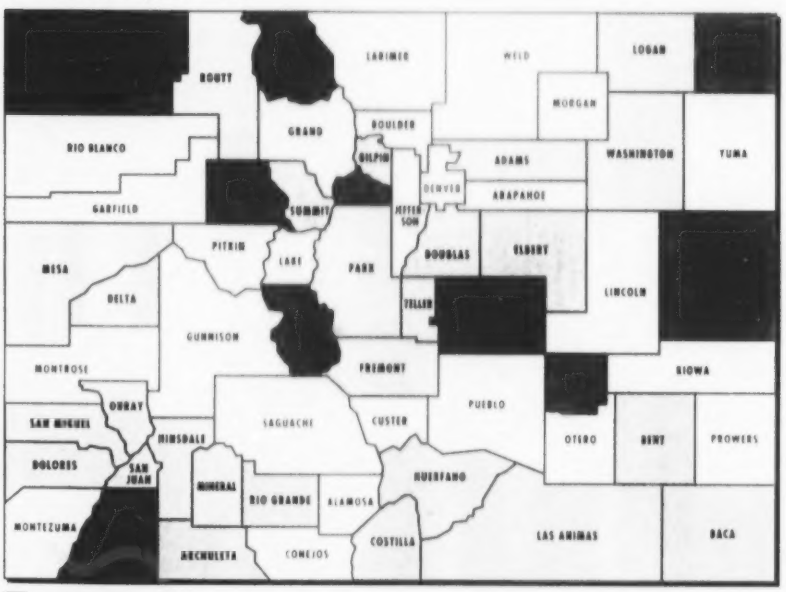
Health Care Access Composite, Colorado



- Good Health Access
- Better Than Average Health Access
- Average Health Access
- Poorer Than Average Health Access
- Poor Health Access

Source: Percent Births with Early Prenatal Care: Colorado Department of Public Health and Environment, 1993. Percent Medicaid Participation Rate: Colorado Department of Health Care Policy and Financing, 1995. Percent Medicaid Recipients Without a Primary Care Provider: Colorado Department of Health Care Policy and Financing, 1995. Mental Health Treatment Rate: Mental Health Services, Colorado Department of Human Services, 1993. All 63 counties were evaluated on this measure, on a 5-point scale of Good Health Care Access to Poor Health Care Access. Each factor is weighted equally. Data analysis by The Piton Foundation.

Educational Risk Composite, Colorado



- Low Educational Risk
- Lower Than Average Educational Risk
- Average Educational Risk
- Higher Than Average Educational Risk
- High Educational Risk

Source: Percent births to mothers with less than a high school education: Colorado Department of Public Health and Environment, 1993. Chapter One participation per 1,000 students, Colorado Department of Education, 1993-1994. Percent public school students receiving free school lunches, Colorado Department of Education, 1993-1994. High school dropout rate: Colorado Department of Education, 1993-1994. Percent of school-age children who speak English poorly or not at all: Census Bureau, 1990. All 63 counties were evaluated on this measure, on a 5-point scale of Low Educational Risk to High Educational Risk. Each factor is weighted equally. Data analysis by The Piton Foundation.

COUNTY COMPOSITES

While no one indicator can adequately document an individual child's life circumstances, we have developed four composite measures to better describe the well-being of Colorado children at the county level:

- Health Care Access Composite
- Educational Risk Composite
- Economic Risk Composite
- Combined Composite of Child Well-Being

Health Care Access Composite

What proportion of pregnant women receive prenatal care in the first trimester? What proportion of children receive mental health services? What proportion of all children are enrolled in the Medicaid program, suggesting that impoverished children have access to health care? What proportion of Medicaid recipients have a primary care physician available to meet their health care needs? This composite combines the answers to these questions to yield a measure of how easy or difficult it is to obtain health care in a particular county.

Educational Risk

What proportion of school-age children live in a home in which everyone over age 14 speaks English poorly or not at all? What proportion of babies are born to mothers with less than a high school education? What proportion of students in the county dropped out of school? What proportion of children are so impoverished that they receive free school lunches? How many students are determined "at risk for school failure"

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and qualify for Chapter One participation? This composite combines the answers to these questions to yield a measure of how many educational challenges a child will face in a particular county.

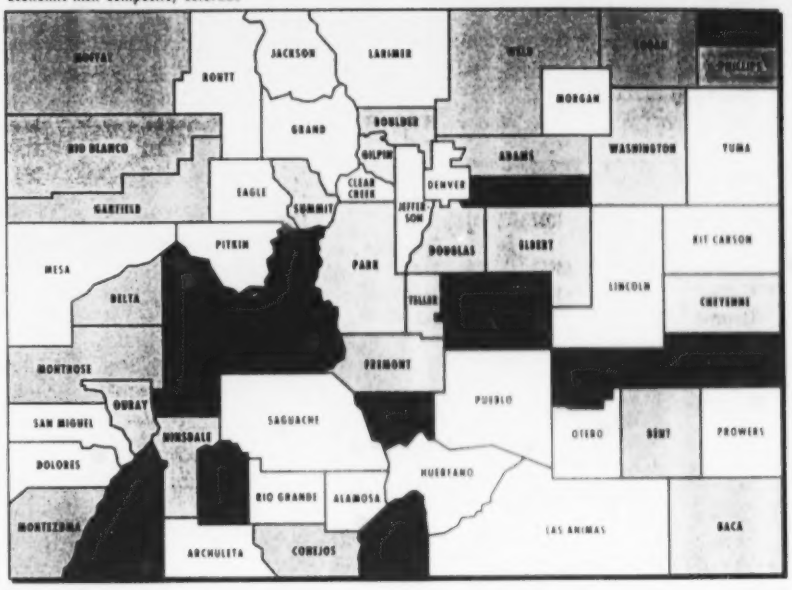
Economic Risk

What proportion of children are so poor that they receive food stamps? What proportion of children face the risk of a childhood spent in poverty because their mothers are unmarried, have less than a high school education, or are themselves teenagers too young to provide the economic stability a child needs? How many more mothers of children under six are in the workforce than a decade ago? What percent of the workforce is employed in low-wage jobs? This composite combines the answers to these questions to yield a measure of how likely a child growing up in a particular county will live in poverty and suffer its consequences.

Combined Composite of Child Well-Being

This composite combines scores from the Health Access, Educational Risk, and Economic Risk for each county into one overall measure of child well-being.

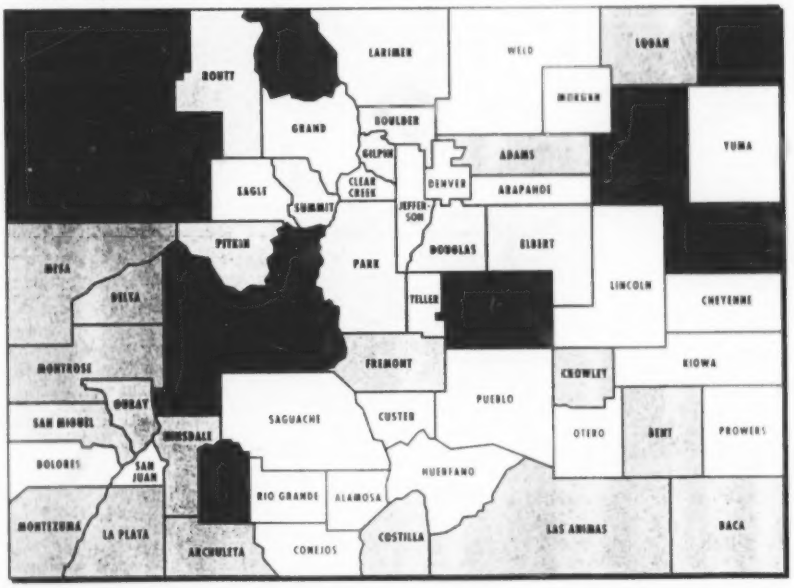
Economic Risk Composite, Colorado



- Low Economic Risk
- Lower Than Average Economic Risk
- Average Economic Risk
- Higher Than Average Economic Risk
- High Economic Risk

Source: Rate of children under age 18 per 1000 receiving food stamps, Colorado Department of Human Services, 1993-1994; Percent births to teenage mothers, Colorado Department of Public Health and Environment, 1993; Percent births to unwed mothers, Colorado Department of Public Health and Environment, 1993; Percent births to mothers with less than a twelfth grade education, Colorado Department of Public Health and Environment, 1993; Percent point change in mothers in workforce with children under 6 from 1980-1990, Census Bureau 1980 and 1990; Percent workers employed in low wage job sectors, Colorado Department of Labor, 1993. All 63 counties were evaluated on this measure, on a 5-point scale of Low Economic Risk to High Economic Risk. Each factor is weighted equally. Data analysis by The Piton Foundation.

Combined Composite of Child Well-Being, Colorado



- High Child Well-Being
- Higher Than Average Child Well-Being
- Average Child Well-Being
- Lower Than Average Child Well-Being
- Low Child Well-Being

SELECTED COUNTY DATA

	1995 Number of Children Under Age 18	1995 Percent of Total Population Under Age 18	1995 Percent of Total Population Under Age 10	1993 Number of Live Births	1993 Percent of All Births to Single Moms	1993 Percent of All Births to Teens	1993 Teen Birth Rate per 1,000 Girls Ages 15-19	1993 Percent of Teen Births to Single Teens	1993 Percent of Teen Risk Factor Births
COLORADO	**964164**	**25.91**	**14.72**	**54,013**	**24.76**	**11.94**	**50.69**	**71.24**	**7.86**
Adams	85243	29.21	16.84	4,803	32.08	16.01	83.13	75.03	10.95
Alamosa	4278	28.91	16.43	232	21.12	18.97	54.29	54.55	7.33
Arapahoe	119095	26.94	15.23	6,237	20.63	8.00	37.07	73.75	5.02
Archuleta	1756	26.41	13.90	74	31.08	20.27	71.43	53.33	8.11
Baca	1082	24.28	12.39	47	27.66	21.28	74.63	70.00	10.64
Bent	1331	22.19	11.50	56	32.14	21.43	71.01	66.67	12.50
Boulder	60959	23.50	14.03	3,176	15.14	5.92	21.32	75.00	4.28
Chaffee	3077	20.89	10.58	138	15.94	14.49	46.91	50.00	5.80
Cheyenne	746	30.72	16.47	28	*	*	*	*	*
Clear Creek	2031	24.43	15.19	109	18.35	6.42	27.45	85.71	6.42
Conejos	2478	32.52	6.29	114	21.05	14.91	50.00	76.47	5.26
Costilla	933	27.83	32.33	43	18.60	18.60	72.73	50.00	*
Crowley	906	21.41	11.22	37	18.92	24.32	103.45	33.33	8.11
Custer	606	22.17	11.23	25	24.00	*	*	*	*
Delta	5670	22.84	11.87	263	26.62	15.97	55.12	57.14	9.13
Denver	117412	23.35	13.50	8,739	38.31	16.31	70.27	76.98	13.21
Dolores	388	25.53	12.63	17	29.41	*	*	*	*
Douglas	28437	29.09	18.48	1,549	5.68	2.45	17.00	73.68	1.29
Eagle	6889	24.61	15.10	445	14.16	8.99	67.23	62.50	6.07
Elbert	3381	27.65	13.84	128	9.38	6.25	19.32	50.00	2.34
El Paso	124762	27.56	16.06	7,407	21.63	11.12	52.26	65.05	5.74
Fremont	7894	21.52	11.33	383	32.64	20.63	69.00	69.62	13.05
Garfield	9206	27.32	14.89	420	18.10	11.67	49.80	53.06	5.95
Gilpin	759	20.96	11.32	44	13.64	6.82	32.97	*	6.82
Grand	2013	22.43	11.66	83	10.84	6.02	18.52	*	*
Gunnison	2573	20.94	12.10	152	18.42	9.21	24.60	42.86	*
Hinsdale	94	18.65	8.53	7	*	*	*	*	*
Huerfano	1679	23.96	12.33	72	38.89	23.61	76.23	88.24	9.72
Jackson	407	22.44	12.18	16	*	18.75	48.39	*	*
Jefferson	126989	25.84	14.84	6,627	16.70	7.51	36.72	72.49	4.48
Kiowa	475	26.55	11.74	13	30.77	*	*	*	*
Kit Carson	2046	28.65	15.08	100	13.00	7.00	29.54	42.86	5.00
Lake	1861	28.10	15.75	92	16.30	10.87	48.54	50.00	3.26
La Plata	9128	24.02	12.64	430	24.42	13.02	32.41	62.50	5.35
Larimer	52450	24.52	13.62	2,715	18.67	8.80	27.17	71.55	5.67
Las Animas	3702	24.64	13.29	159	40.88	23.27	61.86	81.08	11.95
Lincoln	1588	25.32	13.55	54	14.81	7.41	23.81	75.00	*
Logan	4817	25.66	13.53	234	31.20	14.10	35.76	75.76	8.97
Mesa	26492	25.72	13.60	1,347	24.80	16.63	58.96	57.14	9.65
Mineral	153	24.52	15.54	12	*	*	*	*	*
Moffat	3631	30.30	15.15	161	20.50	16.15	56.28	42.31	6.83
Montezuma	6240	28.55	15.25	315	33.33	13.02	49.28	63.41	11.43
Montrose	7243	25.41	12.80	368	24.46	17.66	67.44	47.69	9.24
Morgan	7560	29.20	16.24	420	29.29	20.00	100.24	70.24	11.43
Otero	5907	28.07	15.22	325	37.85	22.46	86.75	75.34	13.54
Ouray	633	22.33	10.90	18	16.67	*	*	*	*
Park	2330	23.92	12.25	102	9.80	4.90	18.94	60.00	*
Phillips	1132	25.02	13.19	45	13.33	11.11	32.26	*	*
Pitkin	2579	17.26	10.54	165	15.15	3.64	25.75	50.00	6.06
Prowers	4174	30.58	16.16	218	33.49	22.02	83.33	58.33	15.14
Pueblo	32774	25.73	13.84	1,767	38.60	18.85	67.10	78.38	13.70
Rio Blanco	1822	26.25	12.97	76	13.16	11.84	26.24	55.56	*
Rio Grande	3436	29.41	15.70	171	21.05	24.56	97.90	61.90	7.02
Routt	3859	22.84	12.32	194	11.86	4.12	19.00	50.00	2.58
Saguache	1604	30.84	16.77	89	19.10	19.10	89.47	58.82	6.74
San Juan	180	29.46	11.78	3	*	*	*	*	*
San Miguel	1126	21.72	12.15	62	17.74	*	*	*	*
Sedgwick	566	22.68	10.74	25	24.00	*	*	*	*
Summit	3271	20.58	12.96	195	10.26	5.13	35.46	60.00	2.05
Teller	3823	26.02	13.47	171	18.71	8.77	32.89	80.00	6.43
Washington	1399	26.11	13.31	57	12.28	8.77	27.78	*	7.02
Weld	40403	27.23	15.15	2,330	31.37	16.52	60.96	75.58	13.00
Yuma	2518	27.17	13.51	108	11.11	11.11	36.04	50.00	4.63

1993 Prenatal Early Entry into Prenatal Care	1993 Percent Low Birth Weight Births	1993 Infant Mortality Rate per 1,000 Live Births	1993 Child Death Rate per 100,000 Children	1994 AFDC Rate per 1,000 Children	1994 School Lunch as Percent of All Public School Students	1995 Number of Children Needing Child Care/Available Licensed Spaces	1993 Out-of-Home Placement Rate per 1,000 Children	1994 High School Graduation Rate	1993/94 High School Dropout Rate
79.5	**8.41**	**7.88**	**80.16**	**83.86**	**20.80**	**177,027/106,293**	**10.24**	**78.8**	**4.3**
74.5	8.91	8.74	90.83	103.82	24.48	17,102/7,749	13.26	71.6	4.5
89.9	8.62	12.93	71.87	139.98	44.86	811/300	8.86	88.6	2.8
83.8	8.02	8.81	78.37	44.59	13.11	22,697/15,720	6.13	82.2	2.9
68.9	14.86	*	177.61	54.72	28.70	280/76	14.21	83.8	1.9
78.3	6.38	*	*	55.92	31.78	167/48	8.53	87.0	1.7
75.0	12.50	*	*	146.30	45.49	153/76	12.95	84.9	2.1
83.9	6.17	3.77	38.51	34.40	12.20	11,029/7,812	8.37	82.8	3.4
65.4	13.04	*	*	65.66	22.93	515/276	10.32	75.0	3.7
78.6	10.71	*	*	36.59	18.59	174/42	14.82	100.0	0
83.5	14.68	*	*	13.25	11.77	416/150	30.84	81.7	4.8
84.0	7.89	*	*	132.64	51.09	370/63	7.58	86.8	2.7
83.3	11.63	*	*	188.98	63.30	75/0	11.93	97.4	0
67.6	*	*	*	253.90	51.30	129/94	6.81	89.1	1.3
72.0	*	*	*	71.55	28.29	92/16	8.65	94.4	5
63.6	5.32	*	55.04	89.55	31.33	657/286	12.84	86.7	3.1
70.9	10.24	8.81	104.01	197.36	51.98	22,492/14,010	17.60	67.8	9.0
82.4	*	*	*	37.88	16.56	62/17	10.26	95.0	1.1
94.9	7.17	4.51	45.35	10.05	2.12	4,025/3,788	95	90.3	1.0
70.0	8.31	8.98	122.73	8.61	13.59	1,543/821	4.76	81.8	2.6
82.5	6.25	*	*	27.64	9.25	603/258	4.57	88.6	1.3
82.8	8.83	9.04	88.39	76.32	20.16	21,931/11,160	8.56	75.7	4.8
79.2	9.66	18.27	154.04	121.47	26.13	1,132/419	16.30	75.1	4.3
73.7	10.95	*	89.69	46.51	14.53	1,890/770	11.77	84.6	2.9
74.4	11.36	*	*	19.92	8.59	131/18	21.71	100.0	0
84.0	7.23	*	*	15.47	11.33	394/266	15.02	79.4	2.0
90.1	8.55	*	*	24.01	6.56	557/310	9.25	84.8	3.8
100.0	*	*	*	21.98	7.89	22/12	.00	**	0
70.8	12.50	*	*	175.26	48.28	277/69	19.91	86.9	8
60.0	18.75	*	977.99	36.50	29.84	68/18	7.33	100.0	0
89.2	8.44	6.94	68.06	32.95	9.66	25,561/19,264	5.95	82.9	3.9
76.9	*	*	*	12.68	24.74	64/12	10.68	91.7	2.6
70.7	* 3.00	*	*	48.82	24.72	379/177	14.96	90.4	1.3
53.3	13.04	*	*	15.28	21.00	378/235	19.93	72.0	6.6
81.4	5.58	13.95	90.67	40.87	19.66	1,700/839	8.16	67.0	4.2
77.4	6.74	4.78	57.46	55.92	15.13	9,247/6,198	7.73	81.7	3.9
69.8	8.81	*	*	196.95	48.40	449/136	14.75	92.2	1.6
79.2	7.41	*	*	21.71	24.14	283/256	20.10	90.2	5
78.6	10.26	*	152.07	96.61	28.55	839/483	10.43	92.8	1.3
83.1	6.31	4.45	46.23	102.55	26.11	4,510/2,480	17.38	68.4	6.3
100.0	*	*	*	53.33	18.10	32/12	.00	100.0	8.2
73.9	5.59	*	82.37	53.91	12.53	654/168	12.63	87.0	2.0
70.9	8.57	9.52	130.37	64.91	30.25	970/401	7.99	68.9	5.4
58.7	10.60	*	56.25	48.72	23.33	1,121/489	21.24	71.2	5.3
64.5	7.86	16.66	122.34	71.26	34.12	1,292/412	11.56	78.5	3.0
78.7	5.85	9.23	135.80	157.13	46.28	870/605	10.69	87.0	2.0
61.1	*	*	*	14.42	9.62	70/42	11.24	94.3	1.2
83.2	6.86	*	*	18.48	12.02	360/151	10.29	90.7	1.6
86.7	6.67	*	*	37.67	23.63	151/76	8.07	97.2	1.5
82.4	7.88	*	125.31	2.81	.00	562/646	1.67	95.7	1.7
63.3	9.17	*	*	117.38	39.43	672/221	8.95	79.9	3.4
80.0	7.47	9.05	82.54	208.52	37.91	5,277/2,574	15.93	85.0	4.0
90.8	11.84	52.63	218.22	37.14	12.05	283/78	24.55	84.3	2.7
83.9	12.87	*	177.14	154.05	41.12	567/152	4.43	79.8	2.2
82.0	7.22	*	*	11.54	6.75	802/549	3.73	85.0	1.7
82.4	4.49	*	*	148.94	62.90	194/6	10.03	68.6	6.9
*	*	*	*	55.87	15.05	37/0	.00	100.0	1.7
87.1	12.90	*	*	9.23	8.39	217/110	.97	95.7	6
64.0	*	*	*	47.04	29.31	103/30	12.20	97.8	0
87.6	13.85	15.38	130.67	1.90	3.94	823/611	7.19	81.9	2.8
86.0	9.94	17.54	131.99	45.63	11.14	792/460	9.24	86.3	2.0
80.4	8.77	*	*	41.87	29.87	201/68	16.36	83.6	1.6
67.7	7.12	6.43	81.63	96.49	33.13	7,392/3,972	11.23	77.7	4.7
87.9	4.63	*	*	34.62	23.14	381/236	6.71	87.2	1.7

* *fewer than 3 events*
** *missing data*

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92. Colorado Department of Education, 1993.

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TECHNICAL NOTES

DATA
The Piton Foundation collected and analyzed most of the data. KIDSCOUNT in COLORADO! relies on data from federal, state, and local agencies. These sources are the final authority relating to the quality of any data.

AFDC RATE
Colorado Department of Human Services, 1994 data. The rate is the number of children receiving AFDC per 1,000 children.

CHILD ABUSE REPORTS AND DEATHS
Colorado Department of Human Services, Child Welfare Division, 1993 data, Central Registry of Child Abuse and Neglect, as reported to National Child Abuse and Neglect Data System, January 25, 1994. Child abuse deaths are those deaths of children ages 0 through 18 where the cause is confirmed to be child abuse. Only those reports which have been confirmed are counted.

CHILD CARE NEED
Colorado Department of Human Services, Facility and Spaces Report, May 1995, Division of Child Care Services. 1990 U.S. Decennial Census. An estimate of child care need was calculated for children under the age of six with all parents in the workforce based on the number of spaces in state licensed child care centers and homes. Calculations by The Piton Foundation and the Colorado Children's Campaign.

CHILD DEATH RATE
Colorado Department of Public Health & Environment, Health Statistics Section, 1993 data run by the Department. The child death rate is the number of deaths to children from birth to age 18 per 100,000 children. The indicator measures deaths from natural causes (such as illness or congenital defects) and injury (including motor vehicle deaths, homicides, and suicides).

DECADE OF THE CHILD
The Year 2000 goals are those set by the Decade of the Child Coalition. These goals are not always identical to those set by other groups such as the United States Public Health Service's Healthy People 2000 goals.

FREE SCHOOL LUNCH PARTICIPATION
Colorado Department of Education, data run by the Department. The indicator measures the number of children who qualify for free school lunches because their family income is less than 130% of poverty, as a percent of all students attending public schools.

HIGH SCHOOL DROPOUT
Colorado Department of Education. *1993-94 Annual Dropout Rates for Grades 7-12, December 1994*. The dropout rate is "an annual rate reflecting the percentage of all students enrolled in grades 7-12 who leave school during the reporting period and are not known to transfer to public or private schools."

HIGH SCHOOL GRADUATION
Colorado Department of Education. *Colorado Graduation Rates for Class of 1994, December 1994*. The graduation rate is defined in the source report as follows: "The rate is calculated by dividing the number of graduates by the membership base [which] is derived from the end-of-year count of eighth graders four years earlier, and adjusting that figure for the number of students who have transferred into or out of the district during the years covering grades 9 through 12."

INDICATORS
With the advice of its Data Advisory Committee, KIDSCOUNT in COLORADO! selected various indicators from the national KIDSCOUNT project, the Decade of the Child Project, and the data available in Colorado. The Data Advisory Committee is a broad cross-section of data experts from various disciplines around the state, including: The Children's Hospital; the Colorado Departments of Human Services, Public Health & Environment, Education, Local Affairs, and Health Care Policy & Financing; Governor Roy Romer's Office of Policy Initiatives; The Piton Foundation; and the University of Colorado Health Sciences Center.

INFANT MORTALITY
Colorado Department of Public Health & Environment, Health Statistics Section, 1993 data run by the Department. The infant mortality rate is the number of deaths during the first year of life per 1,000 live births.

LOW WEIGHT BIRTHS
Health Statistics Section, Colorado Department of Public Health & Environment, 1993 data run by the Department. Low weight births are those under 5.5 pounds (2.5 kilograms). The rate is the number of low weight births per 100 live births.

OUT-OF-HOME PLACEMENT
Colorado Department of Human Services, Child Welfare Division, 1993 data run by the Department. The rate represents nonemergency out-of-home placements by the Department per 1,000 children. Placements include family foster care, specialized group homes, residential child care facilities, independent living situations, and foster care with relatives.

PATERNITY ESTABLISHMENT
Colorado Department of Human Services, Division of Child Support Enforcement. Year End County Analysis Report, 1993. Health Statistics Section, Colorado Department of Public Health & Environment, 1994 data run by the Department. The rate is the number of paternities established by child support enforcement agencies and paternities recorded by the Colorado Department of Public Health & Environment per 1,000 out-of-wedlock births. This measure is affected by factors including the number of out-of-wedlock births and the AFDC caseload in the county and is not a direct measure of the performance of the child support enforcement agency.

EARLY ENTRY INTO PRENATAL CARE
Health Statistics Section, Colorado Department of Public Health & Environment, 1993 data run by the Department. The rate of prenatal care is the number of women receiving prenatal care in the first trimester of pregnancy per 100 births for which care is known.

RATES AND PERCENT
KIDSCOUNT in COLORADO! uses rates and percents to allow comparison between counties. Rates are calculated by 100 (percent), 1,000, or 100,000, depending upon the size of the target population. Using a rate allows comparison of an indicator across counties with greatly varying populations. (An * appears for counties where fewer than three events occurred for Vital Statistics Data).

TEEN BIRTHS
Health Statistics Section, Colorado Department of Public Health & Environment, 1993 data run by the Department. Population estimates, Department of Local Affairs, Division of Local Government. The teen birth rate is the number of live births to girls, ages 15 to 19, per 1,000 teen women of that age.

TEEN SUICIDE
Health Statistics Section, Colorado Department of Health, 1993 data run by the Department. Special data run by the Department. Population data from tables prepared by Colorado Department of Local Affairs, Division of Local Government based upon 1990 U.S. Census data. The teen suicide rate is the number of suicides by teens, ages 10 through 19, per 100,000 teens of that age.

THREE-RISK-FACTOR BIRTHS
Health Statistics Section, Colorado Department of Health, 1993 data run by the Department. The indicator measures the percentage of births to single mothers under 25 years of age with less than a high school education.

HEALTH CARE ACCESS COMPOSITE
Percent Births with Early Prenatal Care is the percent of pregnant women receiving prenatal care in the first trimester which is a good indicator of access to and participation in the health care system; Colorado Department of Public Health and Environment. Child Medicaid Participation Rate is the number of children enrolled in the Medicaid program per 1,000 children in the population, suggesting that there is no barrier to health care for these children; Colorado Department of Health Care Policy and Financing. Percent Medicaid Recipients Without a Primary Care Provider is the percent of the total Medicaid population enrolled in Medicaid who do not have a Primary Care Provider, most often correlated with irregular care; Colorado Department of Health Care Policy & Financing. Child Mental Health Treatment Rate is the number of children 0-17 receiving public mental health services during 1993, per 1,000 children in the population. As a measure of access, this rate most strongly corresponds to the presence of established children's programs and good utilization of those services. Therefore, a high rate suggests good mental health utilization in a county and a low rate suggests poor utilization; Mental Health Services, Colorado Department of Human Services.

EDUCATIONAL RISK COMPOSITE
Percent births to mothers with less than a high school education is the percent of births to mothers who have less than 12 years of education; Colorado Department of Public Health & Environment, 1993. Chapter One participation per 1,000 students is the number of public school students who are so impoverished that they are considered "at-risk for school failure," per 1,000 students; Colorado Department of Education, 1993-1994. Percent public school students receiving free school lunches is the percent of public school students who qualify for free school lunches because their family income is less than 130% of poverty, as a percent of all students attending public schools; Colorado Department of Education, 1993-1994. High school dropout rate is the annual rate reflecting the percentage of all students enrolled in grades 7-12 who leave school without graduating during the reporting period and are not known to transfer to public or private schools; Colorado Department of Education, 1993-1994. Percent of school-age children who are linguistically isolated is the percent of all Colorado school-age children who live in homes in which no person age 14 or older speaks English which puts them at risk for school failure; Census Bureau, 1990.

ECONOMIC RISK COMPOSITE
Child food stamp participation rate is the rate of children under age 18 receiving food stamps per 1,000 children; Colorado Department of Human Services, 1993-1994. Percent births to teenage mothers is the percent of all births to women less than 20 years of age; Colorado Department of Public Health & Environment, 1993. Percent births to unwed mothers is the proportion of all births to women who are unmarried at the time of birth; Colorado Department of Public Health & Environment, 1993. Percent births to mothers with less than a 12th grade education is the percent of all births to women with less than a high school education; Colorado Department of Public Health & Environment, 1993. Percent point change in mothers in workforce with children under six from 1980-1990, Census Bureau, 1980 and 1990. Percent workers employed in low-wage job sectors is the percent of all workers employed in the agricultural, retail, or service job sectors; Colorado Department of Labor, 1993.

THE COLORADO CHILDREN'S CAMPAIGN

Founded in 1985, the Colorado Children's Campaign is a nonprofit, statewide, multi-issue children's advocacy organization whose mission is to mobilize individuals and organizations to think and act on behalf of children with particular attention to the health, education, and safety of children most at risk.

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ACKNOWLEDGMENTS

The Colorado Children's Campaign also thanks the following people and organizations for their help in preparing KIDSCOUNT in COLORADO! and who dedicate themselves to the well-being of Colorado's children every day. We could not have done it without their many contributions of time, help, advice, and generous donations.

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THANKS ALSO GO TO:

Neila Achter (CO Office of Resource and Referral Agencies), Linda Adams (CO Assoc. for the Education of Young Children), Lois Adams (CO Dept. of Education), Chuck Bayard (CO Dept. of Public Health & Environment), Jane Beveridge (CO Dept. of Human Services), Karen Beye (CO Dept. of Human Services), Lance Clem (CO Dept. of Public Safety), Judy Connor (CO Dept. of Public Health & Environment), Donna Crow (CO Dept. of Human Services), Mary Culkin (University of Colorado), Dave Denson (CO Dept. of Human Services), Dick Ellis (CO Dept. of Public Health & Environment), Frank Fielden (CO Dept. of Education), Marie Fournier (CO Dept. Health Care Policy & Financing), Barbara Gabella (CO Dept. of Public Health & Environment), Oxana Golden (CO Dept. of Human Services), Debra Haack (CO Dept. of Public Health & Environment), Grace Hardy (CO Dept. of Human Services), Cathy Hartman (JeffCo self-sufficiency council), Anna Jo Haynes (Mile High Child Care), Holly Hedegaard (CO Dept. of Public Health & Environment), Kathie Hepp (CO Dept. of Human Services), Alexandra Hinst (CO Dept. of Public Health & Environment), Jo Ann Keith (CO Dept. of Education), Sharon Keefer (CO Dept. of Public Health & Environment), Shannon Kolman (CO Dept. of Public Health & Environment), Ed LaPedis (CO Dept. of Public Safety), Sheila Marquez (CO SIDS Program), Brian McNulty (CO Dept. of Education), Katy Meng (CO Dept. of Public Health & Environment), Lisa Miller (CO Dept. of Public Health & Environment), Anne Mignery (CO Dept. of Human Services), Mairi Nelson, (CO Dept. of Transportation), Mim Orleans (University of Colorado), Sandra Rios (CO Dept. of Public Health & Environment), Andrew Romanoff (Greenberg Baron Simon & Miller), Arlene Samuel, Kathleen Shindler (Governor Romer's Office of First Impressions), Jim Shira (The Children's Hospital), Eric Sigel (The Children's Hospital), Denise Stout (CO Dept. of Public Health & Environment), Courtney Thomas (CO Dept. of Public Health & Environment), Sharon Thorensom (CO Dept. of Public Health & Environment), Sally Vogler (Governor Romer's Office of First Impressions), Rebecca Weiss (CO Dept. Health Care Policy & Financing), Mary Catherine Westerick (University of Colorado), Sandy Whittal, Gail Wilson (CO Office of Resource and Referral Agencies), Amy Winterfield (American Humane Association), and Jane Wisnieski.

Book Design: Rassman Design
Photography: William Swartz, *Cover*. The Montessori Institute Children's House, *Pages 2, 10, 17, 19, 24, 25, 28, and 35*. Sewall Child Development Center, *Pages 31, 34, and 36*. The Denver Post, *Page 7*. Arturo Perez, *Page 22*. Family and Community Education and Support, *Page 39*.

Bright Beginnings is a private/public partnership designed to make Colorado the best place in the world for a child to be born and grow up. Initiated by Governor Roy Romer and Brad Butler, Retired Chairman of The Procter and Gamble Company, Bright Beginnings' goals are:

Every child born in Colorado will be born to a mother who has had adequate and appropriate prenatal care.

Every child born in Colorado will have at least one and hopefully two parents who are fully informed of the things an infant needs during the first three years of life to give that infant the optimum chance to succeed physically, emotionally, and financially. Where desired by the parent, this support will be continued during the first three years of the infant's life.

Every child born in Colorado will have access to affordable and high quality health care including but not limited to appropriate immunizations.

Every child born in Colorado will have access to developmentally appropriate and affordable child care, ideally in or adjacent to one of the parent's workplaces.

Every child born in Colorado will have a parent who is connected to all the services available in the neighborhood, the county, and the state, both public and private, so that no child suffers from lack of resources which are available but not known to the parent.

Every child born in Colorado will be recognized as important and will be welcomed not only by the parents but by the neighborhood, the community, and by all of us in Colorado.

Every child born in Colorado to parents of school age will have parents who have access to high quality educational opportunities with child care, parent training, vocational, and educational training on site.

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KIDSCOUNT IN COLORADO!

Most of the 548,000 children under age 10 in Colorado benefit from a strong, healthy start in life. They receive early prenatal care, live in two-parent families, are fully immunized by their second birthday, and have happy childhoods. In contrast to this overall bright picture, however, a staggering proportion of Colorado's young children face one or more challenges that can undermine healthy development.

- *Fifteen percent do not have any health insurance.*
- *Seventeen percent live in poverty.*
- *Seventeen percent are born to a mother who has not graduated from high school.*
- *Twenty-eight percent are in poor or mediocre child care arrangements.*
- *Thirty-five percent start kindergarten without the skills necessary to succeed in school.*

The 1995 *KidsCount in Colorado!* report examines these challenges and offers examples of how prevention and early intervention strategies can make a real difference in the lives of Colorado children.

If you would like more information about how you can work to better the lives of Colorado children, contact the Colorado Children's Campaign at (303) 839-1580.

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